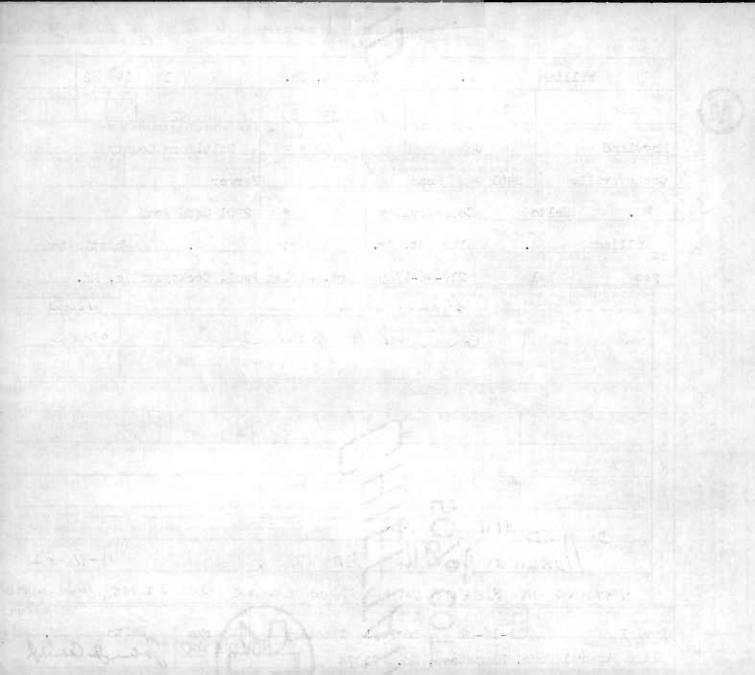
(VRA 15, 4)



3 2 2 3 11 a later program added المراكب المراكب والمراكب والمركب والمراكب والمركب و NOW YOUR PROPERTY COME

	6		FOR STATE					AND MENTAL H		2	7 9 0) 2
	1		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	MINER'S	CERTIFICATE C		REG. NO.		
			E OR PRINT)		N		1140	TASI	20. DATE K	ESTI-		26. HOUR
	INCESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. W. PRESTON STREET,	3. SEX		HTO	DATE OF BIRTH	M.		FRSON NDER 1 YR. IIF UNDER	DEATH .	MATED MONTH	27 ₁₉ 82	24. HOUR
	SECOND SE				MONTH DAY	YEAR LAST	BIRTHDAY) MONT	THE RESERVE	MIN. PRONOUNG DEAD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27 ,82	COLLE
	SAR YOU YOU STOOK	100	male Wh	ite	2 5	18 64	I e		- 9 BAITIMO	ORE CITY OR COUN		- 03 10
	S S S S S S S S S S S S S S S S S S S	FC	reign country)		U.S.A.	AL COOKING!		IED NEVER MARR	IED 📙			
	SENGS -		TY OR TOWN OF DEAT	H 1	I. NAME OF HOSE	PITAL, NURSING			DUIL.	IMOTE CO		MD.
	学生合画名	Fe	sex		(IF NOT IN SUCH FAC	artford	DRESS)	Apt.1-B	Cashier		OR INDUS	
	20 20 2 Z	USU	L RESIDENCE (IF IN NURSI	NG HOME OR (OTHER INSTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)					1221
2120	33990	130. S Ma	ryland	Balti	imore	Essex		13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRES		_	t.1-B
9	" The state of		THER'S NAME					15. MOTHER'S MAID!	EN NAME			C. 1-B
E, A	38 m 2 m 3		FIRST	,	MIDDLE	Dryde	n	Ethel	MI	DOLE	Hilt	
WO	PAG PAG SIA	160. V	VAS DECEASED EVER IN	LU.S. ARME		166 SOCIAL SE		17. INFORMANT	7:	805 St.	Fabian	Lane
SALTIMORE, MD. 21201	S GIVE P WITH FO DIVISION	No	(I	r tes, Give wa	ik Ok DATES)	218-09	-4764	Walter T				21222
	W F		18. CAUSE OF DEATH	(Enter only	one couse per ling	fgr (o), (b), end (E).)		A 1		APPROXIMA BETWEEN ONS	TE INTERVAL
PRESTON ST	AL HO		PART I DEATH WAS	MMEDIATE		monic	when	e conduct	as cular c	usiase		
ESTO	THIN 2		4149	E SE	DUE TO OR	AS A CONSEQUI	NCE/OF	- 0	1	•		
	- W. A. W. S.	-	gave rise to in		(b) <u>Ch</u>	1074C O	balruci	we pull	nonary d	isease		
201 W.	CAMIL CAMIL NL-TR WENT		couse (a) stating the lying cause last.	ne under-	DUE TO, OR	AS A CONSEQUI	NCE OF		0			
	XECUTED JG" IN PE SAL EXAM BURIAL- AND MEI		PART 2 GINES CICNIFICANT C	ONOITIONS COL	(c)	UT NOV OF LAYED TO Y	UF VERMINAL AND A					
RECORDS	HESAIS	z	PART 2 OTHER SIGNIFICANT C	UNUITIONS CO	NIKIBUTING TU UEATH I	UI NUI KELATEU IO I	NE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a),			
REC	MED BE MED AS D AS L CRE	CERTIFICATION	190. DATE OF OPERATI	ION	19b. CONDIT	ION FOR WHICH	OPERATION V	AS PERFORMED?			20. AUTOPSY	Y?
DIVISION OF VITAL	THIS CERTIFICATE SHOULD , WRITING THE WORD "PE WARDED TO THE CHIEF A PAGE 3 SHOULD BE USED A TATE CEPARTMENT OF HEE 21201 PRIOR TO BURIAL, C	FFC									YES 🗆	NO X
> 7	WO BE	1 2	210. EXTERNAL CAUSE		216. TIME OF	INJURY	21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR P		110 /24
NO	SH OUT TO SHE		UNDERLYING OR			MONTH DAY	YEAR					
VISIC	ERTI ING ED 1 3 SH PRIC	MEDICAL	214 INJURY OCCURRE		2Te PLACE C	FINJURY (AT HE	DME. 211. LC	CATION	577.00.50			-
ā	THIS CHARTEL WARDE STATE D	*	WHILE NOT W		SIREET, FACTO	DRT, FARM, ETC.)) NEE (CITY OR TOW	N C	OUNTY	STATE
	* E & * 0		220. I certify that I to	ook charae o	of the remains desc	ribed ohove held	don Autor	sy , Inspectio	n Inquiry	ond in my o	ninion	
_	MEDICAL EXAMINER: ECUTE THE CERTIFICATE GE 4 SHOULD BE FOR THE ADMINISTRATION OF THE TREATH OF THE		deoth resulted from:	Natural	N	Acaident .	Suicide	Hamicide .	Undetermined mar		1	
	CERTION OF WARY		-	0		1	2	FILE (SPECIFY)	-		11/24	100
	CALEX THE CE SHOULD SATH, V		SIGNATURE .	1.10	Han C	Jano	-	Deputy	MEDICAL EXAMI	DATE INER SIGN		182
	EDIC JTE T JTE T A SI NER WOR	-	EXAMINER'S NAME	TOP	COAN C	1. Xala	10.1	7117	1. 1.11 d	D-W	- m1 3	120.7
	TO MEI EXECUT PAGE A TO FUR AFTER I BALTIM	100	(TYPE OR PRINT)	1,CK	122MM	POLYO	N MAN	ADDRESS	Junaalkir	se. such	- 1 10	
Or	EDSE49	(URIAL, CREMATION, REA	MOVAL 236				R CREMATORY	23d. LOCATION CITY OR TOWN		UNTY	STATE
00	BP	C 24.5	remation		1/30/8	2 Gree	n Mour		Baltimo		Mary	land
	DHMH - 17	7	NAME DIRECTOR D	uda-F	Ruck ADDRETS	nc.		NO		LJU. RIGISIKAKS	O C.	. 1
	(VR A15 ME (5)) 15M 2/80		922 Wise 1	avenu	ie Dui	ndalk,	MD. 2	222	0 0 1302	John	- while	4//

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Lerdy 0. Dyett 4600 Liberty Hgts. Ave.

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

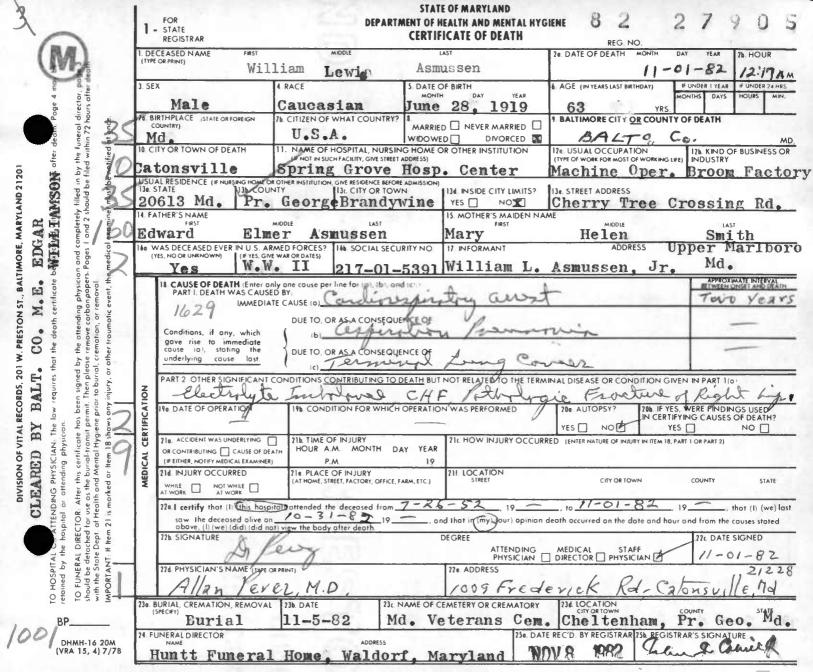
Ruck Towson, Funeral Home, Inc. Towson, Md. 21204

FOR STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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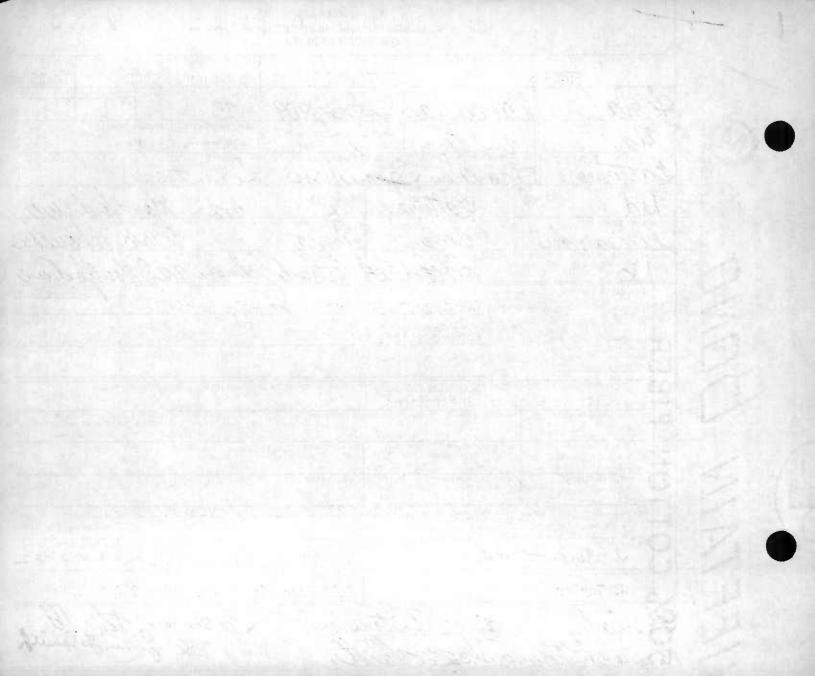
C. DETERMINE THE SERVICE OF THE SERV

A STATE OF THE PROPERTY OF THE

tourist married thought, Margaland WWE 1887 Committee and States

6	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.					
N			FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH MON	TH DAY YEAR	2b HOUR			
10	(TYP)	OR PRINT)		F		AUGE		November 15	, 1982				
(3. SE			RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	() IE UNDER I YEAR				
		Male	10	Whit	e	Marc		76	YRS. MONTHS DAYS	HOURS M			
4Os	.7a. B	RTHPLACE (STATE OR FOR	EIGN 71	. CITIZEN OF	WHAT COUNTRY	0.10	NEVER MARRIED	9 BALTIMORE CITY OR CO					
17/		rmany		U.S.	Α.	WIDOWE		Baltimore C	County				
00	10 C	TY OR TOWN OF DEATH	1	11. NAME OF HOSPITAL, NURSING HOME OR COME (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS) 35 Haddington Rd.				12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	120 USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKING LIFE} INDUSTRY				
35	Ma Ma	ryland	HOME OR O Balti	Y	GIVE RESIDENCE BEFORE 131. CITY OR TO' County	WN	13d INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 35 Haddingt	on Rd., 2	1093			
Scarline SC	14. F/	Heinrich	AAI	DDLE	Auge	VE A	15. MOTHER'S MAIDEN NA/ ERST Eleanor	WE	Peterson	sī n			
0		VAS DECEASED EVER IN		ED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	Enter.				
medi		NO	# YES, GIVE Y	WAR OR DATES)	214-38-	2391	Mrs. Annelie	es A. Auge, same as #13e					
ury, or other troumati	z	Conditions, if ony, we gove rise to immed couse it of stating underlying couse	diote the lost	(10)	IR AS A CONSEOU	con	la dis	c-cardio - 4 yrs MINAL DISEASE OR CONDITION GIVEN IN PART 1:0					
18 shows any in	CERTIFICATION	19a DATE OF OPERATIO	19b COND	ITION FOR WHIC	H OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b IN	LIF YES, WERE FINDS CERTIFYING CAUSES YES	NGS USED S OF DEATH?				
tem 18 sh		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	UAL OCCUPATION F WORK FOR MOST OF WORKING LIFE INDUSTRY Gineer - Martin Marietta REET ADDRESS D'Haddington Rd., 21093 MIDDLE Peterson ADDRESS Auge, same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL COLONIA AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO LER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2) CULTED ON the COUNTY STATE COUNTY ST				
rked or	MEDICAL	21d INJURY OCCURRED			OF INJURY REET, EACTORY, OFFICE	EARM ETC)	211. EOCATION STREET	CITY OR TOWN	COUNTY	STAT			
FANT: If Item 21 is mo	270 I certify that (b) this haspital) attended the deceased from							22c. DAY					
IMPORTANT	23o I	George T.		nore, M		NAME OF CI	Lanham Build	ling, 1717 You	k Rd.				
		Burial		11-18-			Valley	Cockeysvill	e. Marvla	nd STATE			
1/81	24. FI	JNERAL DIRECTOR Ck Towson F	unera		10	50 Yor	k Rd.		RIGISTRAR'S SIGNA				

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		- 125 A		
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IMPORTANT: If Item 21 is morked or Item 18 shaws ony injury, or other traumotic event, the medical

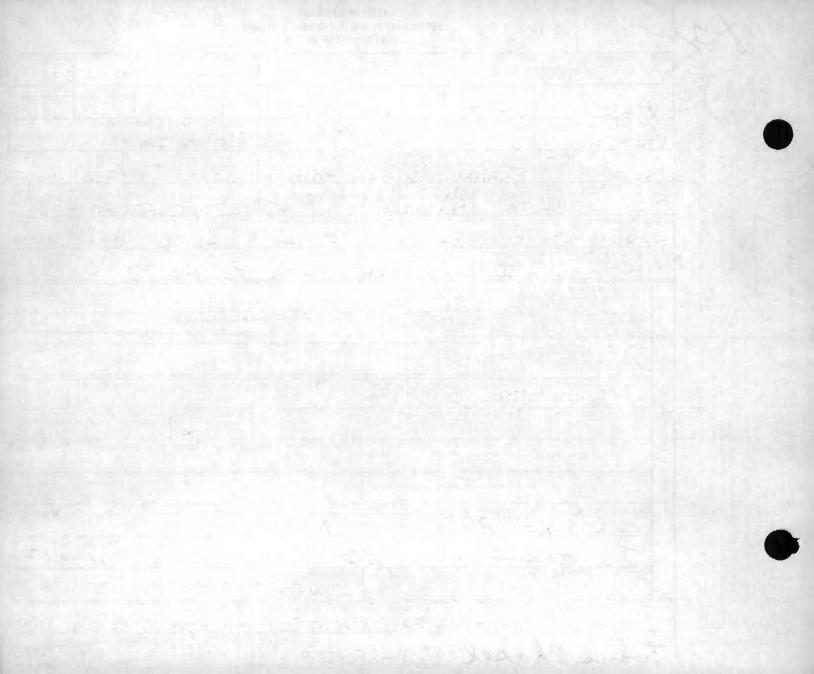
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 2 2 7 9 0 8

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
-		CEASED NAME FIRST	MIDDLE	· ·	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1	{ I YPE	BENNE	R	BAB	YLON	November 1	0, 198	32	6:14 a M
	3. SE)	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
	1	MALS	WHITE	NONTH	V. 29. 1907	74	YRS.	ONTHS DAYS	HOURS MIN.
1		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY O	COUNTY	OF DEATH	
2	5	JARYLAND	U.S. A.	WIDOWE		Baltimore	County	y	MD.
	10. CI	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IENOT IN SUCH FACILITY, GIVE STREET 		OR OTHER INSTITUTION	12a USUAL OCCUPATION			OF BUSINESS OR
1	2:	SSEX	FRANKLINS	AUP	RE HOSP.	LLERK		FED	^ \
0	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2	5	10. BAL	TO. PARKY	344	YES NO NO	35140	VAT	MAN	AVI.
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	NE MIDDLE			467
C	H	ARRY FRAG	oklin BAGY	Lon	FLORA	- Alic	2	BENG	NER
			MED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	55	950	
1	Ü	125. W.V		1629	FAMILY	RECORDS			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o	and (c)				BETWEEN	XIMATE INTERVAL ONSET AND DEATH
			ECAUSE (D) Cardiac	Arrest	; Coronary Art	tery Diseas	9		
		4149	DUE TO, OR AS A CONSEQU	UENCE OF					
		Conditions, if only, which	(b)						
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEON	UENCE OF					
		underlying cause last.	(c)						
	z	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVE	N IN PART 1	(0)
4	OF.	190 DATE OF OPERATION				T		1105 50 1-	
7	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FIND	S OF DEATH?
	RTI					YES NO	YES		NO 🗌
		210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH POUR A.M. MONTH [DAY YEAR	21¢ HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WORK		Novem	ber 4 10 82	Novembe	v 10	- 22	
		27a I certify that (this hospit	November 10	07	nd that in ((aur) opinion de	, 10	,		, that (we) lost
		sow the deceased alive on above, to we) (did) (did soot 22b. SIGNATURE	view the body ofter death.		DEGREE	com occorred on me do	ie ona noui		
4	101	11/	1111	1		MEDICAL STAF	F	ILC. DATE	-10-82
	/	274 HYSICIAN SHAME INFO	A COL	10	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	ANY	1//	-70 0
		J. Rich	N. 1950.5		9000 Frankl	lin Square	Drive	21237	
-	23a B	JURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	123d LOCATION	J. 17C		
	+	BURIAL	11-13-1987	Been	Main T Com	HAMPSTS	00	COUNTY	STATE
	21.5	7/1/1/17	111 13 110010	1775	1 10011	12 12-10 11-0 15	170	LARRO	110.

DHMH-16 50M 1/B1 (VRA 15, 4)



DHMH - 16 50M 1/B (VRA 15, 4)

0	1.	FOR STATE			DEI	PARTM	ENT OF H		MENTAL HYG	IENE 8	2	2	7	9	0	9
		REGISTRAR						ICATE OF	DEATH	- 7V	REG. N	0.				915
		CEASED NAME E OR PRINT)	FIRST	,	MIDDLE		L	AST		2a. DATE	OF DEATH	MONTH	3	YEAR	26 HOL	
		Mable						ch				//		82		30 M
	3. SE		4. R/				5. DATE O	DAY	YEAR	& AGE (II	YEARS LAST BIR	THDAY)	MONTHS	DER I VEAR	HOURS	24 HRS
	Za D	Female HRTHPLACE (STATE OR FOR		White		177110	Mar	ch 22,	1910		72	YRS				
26		COUNTRY)		US	WHAT COUI				MARRIED -		ORE CITY O					
11		Saltimore, M					WIDOWE	R OTHER INS	IVORCED [Bd 12a LISTIA	ltimo				DUICINI	MD.
00	R	andallstown	4	O She	ratan	Road	DRESSI	K OTTEK II43	IIIIONON	Civi	T Serv	F WORKING I	LIFE) IN	Retir	ed	:55 OK
35	13a S	laryland 13	Baltim	nore	Randa	R 19WN		YES 🗌	NO (X)	40	sherat	tan R	oad		2	21133
フカ		ATHER'S NAME	MIDDL	E	Buckmâ	ST		15 MOTHER	S MAIDEN NAM	ME	MIDDLE		VA.	LAST		
20	_	aurice							nie					Dixon		
1		VAS DECEASED EVER IN YES NO OR UNKNOWN) (U.S. ARMED HEYES, GIVE WAR		212-0			17 INFORM	nz Henr	y Bac	h, Sar		13			
9	CERTIFICATION	Conditions, if ony, we gave rise to immediately couse and stating underlying couse PART 2 OTHER SIGNIF Angle DATE OF OPERATION	ICANT CONI	(b) DUE TO, OF	caes	SEOUEN G TO DE	ICE OF	NOT RELATE	dong d	INAL DISEA	SE OR CON	DITION GI	ES, WER		GS USEI	H?
0	CERT	21a. ACCIDENT WAS UNDERL	LYING]	21b. TIME O				21c HOW II	NJURY OCCURR	YES L	NO L		PART I O	R PART 2)	NO [
7	ICAL (OR CONTRIBUTING CAU		HOUR A./	M. MONTI	H DAY	YEAR 19									
4	MEDIC	21d. INJURY OCCURRED		21e. PLACE C		OFFICE, FAR		21f LOCATI			CITY OR TO	wn	C	OUNTY	S	TATE
		22a. I certify that (1) th				from	1 40		19 79		2000	3	, 19.5	3.1	hat (II)	we) last
		saw the deceased abave, (1) (we) (did)	alive on	w the bady	ofter death.	19_5	2, an	d that in my	aur) apinion o	death accur	red on the d	ate and ho	our and	fram the c	auses sta	ated
		22b. SIGNATURE	0		reel			EGREE	ATTENIONS		CTA		2	2c. DATE S		
		- July	- y			1 "	1. D.		PHYSICIAN X	MEDICA				11/3	182	-
1		22d. PHYSICIAN'S NAM	DAR					9017	Liber	Ty 1	Ed.	Ra	nda	elste	run	, md.
	23a E	BURIAL, CREMATION, RE		b. DATE	1000				CREMATORY	23d LOC			CQUI	NIY	5	TATE
	24.5	Burial	5	Nov	1982	Ce	dar F	11 1 C	emetery		timor		AA		ME)
		JNERAL DIRECTOR James S. Kir	klev.	Glen	Burni	P. M	D		25a. DATE	V A	registrar	256	TRAR'S	SIGNATI	-	1

THE WAR E TO Carlier warmer or market The secretary Considerated by self-sugar

21212

4905 York Road Balto, MD

(VRA 15, 4)

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	.00 :00	v. V. Janin Ec	Linoy 103

/		CEASED NAME FIRST THOMAS	WIDDLE	BAKER	AST		1 7 82	2b. F
)	3. SE	MALE	4 RACE WHITE	5. DATE O	13° 1907	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	AR IF U
36		RTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED		PR COUNTY OF DEATH	
00 P	10 C	TOWSON	GBMC"-6701	NET ADDRESHA	ROTHER INSTITUTION RLES ST. 212	12a. USUAL OCCUPATION OF OF WORK FOR MOST OF Bar Owher	F WORKING LIFE) INDUST	D OF BU
35	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COM	other institution give residence bity 13c. CITY OR T White	IOWN	YES NO 🔀		York Rd.	2116
30		William Wes	sley Baker		15 MOTHER'S MAIDEN NA/ FIRST Mary	WIDDLE	Norwe	LAST
e medica		VAS DECEASED EVER IN U.S. AR/ 185, NO OR UNKNOWN IF YES, GIVI 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE) IMMEDIAT	War II 215-0	7-6525	17. INFORMANT Doris Baker	19831 Old	York Rd.	2116
r traur	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE			`		
injury, ar othe	NOI	underlying couse lost PART 2 OTHER SIGNIFICANT C			OSIS C L HE			1(0)
haws ony injury, ar othe	RTIFICATION	PART 2 OTHER SIGNIFICANT C		TO DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS U SES OF D NO
Item 18 shaws ony injury, ar othe	CAL CERTIFICATION	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)	ONDITIONS <u>CONTRIBUTING</u> 196. CONDITION FOR WH 216. TIME OF INJURY	TO DEATH BUT I	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS U SES OF D NO
shows 1	MEDICAL CERTIFICATION	UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT CO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ONDITIONS CONTRIBUTING 196. CONDITION FOR WH 216. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT I	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS U SES OF D NO
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: If Item 21 is marked ar Item 18 shaws.		UNDERLYING COUSE TOST PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 11CE, FARM, ETC.) 12 13 14 15 16 17 17 17 18 18 19 19 10 10 10 10 10 10 10 10	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURE 21l. LOCATION STREET 2 19 82 d that in (my) (our) opinion of the performance of	200 AUTOPSY? YES NO CITY OR TO MEDICAL STAIL	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES RY IN ITEM 18 PART 1 OR PART WN COUNTY 19 82 21c and hour and from 1	DINGS L DINGS OF D NO
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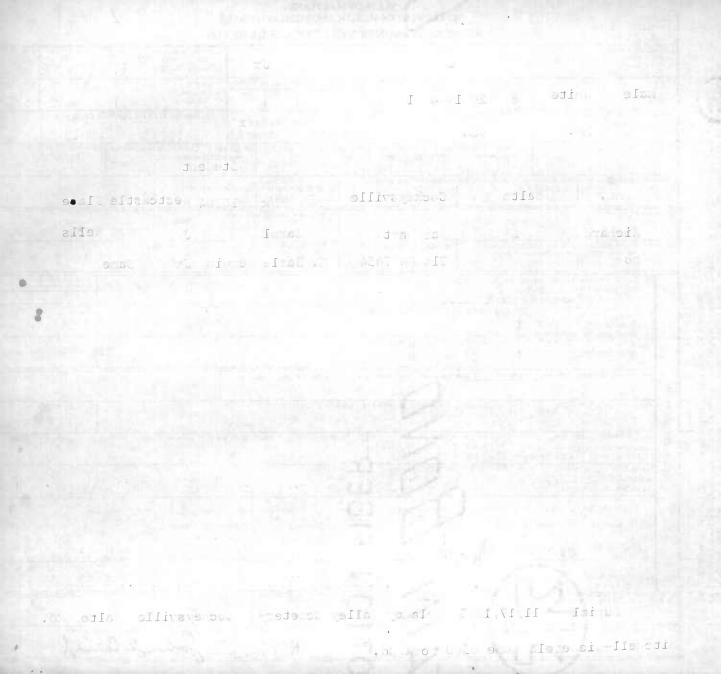
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5			REGISTRAR		ME		EXAMIN	ER'S	ERTIFICA	TE OF DE	EATH	REG. NO	0.		
	요목정도		CEASED NAME E OR PRINT)	Rich	ard	MIDDLE		Ва	irnhart	Jr	2ª DATE OF DEATH	KNOWNXX ESTI- MATED	HIMOM K	14 19 8	26 HOUR
		3 SEX	Male	White	5. DATE OF BIRTH	1964	6. AGE (IN YE LAST BIRTHD			UNDER 24 HRS	S. 2c. DATE PRONOUN DEAD	CED	MONTH	14 1982	2d. HOUR 9:05P
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	PAGE S		TOWSON	OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	TREET ADDRESS)			N 12a U		PATION ITYP		12b. KIND OF BU OR INDUST	JSINESS RY
21201	ANY DE AND 3 TO RETAIN RECORDS	USU		IF IN HURSING HOME O	OF OTHER INSTITUTION OF	VE RESIDENCE		ON)	13d. INSIDE CITY (LIMITS? 13e S	TREET ADDRE	ss lestca	stle	Place	
RE, MD.	DEATH. F GES 1, 2, M PM 3. AND 2 CVITA	14. F.	ATHER'S NAME FIRST Richa	.rd	MIDDLE L		uast nhart		FIRST	maiden NAM	MF	IDDLE		Wells	
BALTIMORE	AFTER D SIVE PAG TH FORA AGES 1 VISION O	16a. V		EVER IN U.S. AR	WED FORCES? WAR OR DATES)	16b. SOC	84 74		17. INFORMAI H. Ea	rle Ger	rding J	ADDRESS Tr	Same		
PRESTON ST., B	IN THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE TE WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGE TRWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM TO THE CHIEF MEDICAL TRANSIT PERMIT PAGES 1 A STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF TO STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF THE MENTAL HYGIENE,		98	ATH WAY AC CALICE	TE CAUSE (a) UU	nshot			shoulde	r and c	chest			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
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	TO MEDICAL EXAMINER; TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE ST BAITIMORE, MARYLAND, 2		22a. I certif death resulte	y that I taak charg	e of the remains des	cribed aba		Autap	. ///	spection ,	, Inquiry letermined ma	[]	nd in my ap	inian	
•	ICAL EX. SHOULD SHOULD ERAL DIR EATH, WILL ORE, MAR		ACTUAL SIGNATURE_	May	ate An	eth	ll	M	D. Assis		EDICAL EXAM	INER	DATE	11/15/	82
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FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE	8	2 REG. 1	10 .	2	7
ASED NAME	FIRST	WIDDLE				DEATH	MONTH		YAC
R PRINT)	Leonora		Batchelor	No	over	nber	24,	19	82

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) Leono	MIDDLE MIDDLE	Batchelor		DAY YEAR 26. HOUR
3. SEX Female	4. RACE White	S. DATE OF BIRTH AUGUST 1, 1903	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTR $U.S.A$.	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY Baltimore County	
10. CITY OR TOWN OF DEATH Ruxton	(IF NOT IN SUCH FACULTY, GIVE STR Manor Care (120 USUAL OCCUPATION (TYPE HOUSEWITE WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
	E OR OTHER INSTITUTION, GIVE RESIDENCE BEF DUNTY, LILIMOTE 134, CITY OR TO LILIMOTE TIMONI		? 130 STREET ADDRESS 310 W. Timoni	um Rd 21093
14. FATHER'S NAME FIRST William	MIDDLE LAST Groves	15. MOTHER'S MAIDEN FIRST Katherii	ne MIDDLE	Kennedy
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 16b. SOCIAL SE GIVE WAR OR DATES) 213-20		5459 King A. rah A Batchelor	rthur Circle
	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	my med sufec	ERMINAL DISEASE OR CONDITION GIV	/EN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
00 000 170 101 1010 00 00100 00	DEATH HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive	on NOV 23 19	77	on death occurred on the date and hou	19, that (I) (we) last or and from the causes stated
226. SIGNATURE	ledden	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
22d PHYSICIAN'S NAME (TY Celiar E	PEORPRINT) Parra M.D.	22e. ADDRESS 7122 Harf	ford Rd Baltimon	ce, Maryland

23¢ NAME OF CEMETERY OR CREMATORY

St John's

should be detoched for use as the buriol-transit permit. Then please remove c with the State Dept, at Health and Mental Hygiene prior to buriol, cremotion,

TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is morked or them 18 sho

74 FUNERAL DIRECTOR
NAME
Leonard J Ruck Inc. Baltimore, Maryland

11/27/82

236. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial atory 23d Location City or Town Baltimore Maryland 250. Date REC'D. By REGISTRAR PAREGISTRAR'S SIGNATURE NOV 2 6 1982

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1	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 9 1		
y	I. DE	REGISTRAR CEASED NAME FIRST OR PRINT)	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DA	10.1100
nay be page 3		LINDA	A. BATYI NOV. 1,198	
age 4 ma	3 SE	×	T MAGE	FUNDER I YEAR IF UNDER 24 HRS
death. P		RTHPLACE (STATE OR FOREIGN OUNTRY)	MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF WHOWED DINORCED BALTIMORE CITY OR COUNTY OF CO	DUNTY MD.
urs after		ODLE RIVER	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12 3 HUGHES SHORE RD 115 WE 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
filled mild be fill	USU	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	SHORE RO
ecuted within Scampletely filler I and 2 should	14 F/	THER'S NAME FIRST	MIDDLE PETTZNER IS MOTHER'S MAIDEN NAME FIRST WINDLE	LAST
be ex and ages the m	16m V	VAS DECEASED EVER IN U.S. A (15, 140 OR UNKNOWN) (1F YES, G		RMADA WA
death certificate ending physiciar carbon papers. on, or removal. traumatic event,		PART I DEATH WAS CAUS	only one cause per line for (o) (b), and (c) (ED BY) ATE CAUSE (b)	MINUTER OF STREET
at the of the att the		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	12 hr.
aw requires then signed by Then please or to burial, can mijury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(a)
The II	CERTIFICATION	190 DATE OF OPERATION		WERE FINDINGS USED ING CAUSES OF DEATH?
Cian cian Hygh Hygh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH DAY YEAR	RT I OR PART 2)
ENDING PHYSIC pr attending physis DR: After this cert se as the burial-tra lealth and Mental is marked or Itee	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
or o		saw the deceased alive of	pital) attended the deceosed fram 18/52, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	9, that (III (ive) last and from the causes stated
AL OR L DIR L DIR ached e Dept		The SIGNATURE WY	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/2/12
TO HOSPITAL retained by the TO FUNERAL should be detac with the State I IMPORTANT:		THE PHYSICIAN'S NAME (TYPE	0 OLSEN 1012 OLD N 1519	boro MJ 123
6 F 5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	11/4/82 GARDENS OF FAITH BALTO,	OUNTY STATE
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4	FOR STATE REGISTRAR			ST. DEPARTMENT OF DICAL EXAMI	HEALTH		~	E 2	2 7	9	9
	CEASED NAME PE OR PRINT)	Clar	rence H.	Becker	l	AST	2	OF ESTI- DEATH MATED		DAY YEAR	26. HOUR 3:30
3. SE	ale	White	Jan. 27	891 6. AGE (IN	YEARS IF UNI			C DATE RONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUR
S	REIGN COUNTRY)	cota	76. CITIZEN OF WH		WIDOW		DRCED	Baltimore City	ore Co	ounty	MD.
Mi		rer 21220	"1910"1	PITAL, NURSING HOA)	R INSTITUTION	12c. USU/	AL OCCUPATION (T	YPE OF WORK	Farming	ISINESS RY
Md	TATE •	13b. Ball	or other institution, GN TY timore	RESIDENCE BEFORE ADMIS	River	13d. INSIDE CITY LIMITS YES NO	57 x 30. STRE	10°Eland	Rd.	21220	
			middle ecker	LAST			mma Wal			LAST	
160. V	No. OR UNKNOV	-	WED FORCES? WAR OR DATES) ly one couse per line.	166. SOCIAL SECUR 503 07 64		June N.	Becker,	Daughter		Same	
	Conditions gove rise cause (a) s lying cous	, if any, which to immediate toting the <u>under-elast</u> .	DUE TO, OR	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TEE	neracl	ized isc	henric	cardiof diseas	e Vasala e	8 y	۸.
CERTIFICATION	190. DATE OF C			ION FOR WHICH OPE			N PARI I (Q).			20. AUTOPSY	? NO []
MEDICAL CER	21d. INJURY OF	OR G CAUSE OF D	P.M.	INJURY MONTH DAY YEA 19 FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LOC			TURE OF INJURY IN ITEM IS	B PART 1 OR PAR		STATE
		that I took charge		ribed above, held on Accident , S	Autopsy	Homicide STEE (SPECIFY)		Inquiry , o	DATE SIGNED	11/20	-/82
23o. BI	EXAMINER'S N (TYPE OR PRIN URIAL CREMATI	AME J.		Donovan,	^	DDKE33	Dunda.	lk Ave Dur			222
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1 -	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF	DEATH	REG.	NO			
	DECEASED NAME	FIRST	MIDDLE	l	AST		2ª DATE OF DEATH		DAY YEAR	2b. HOUR	
		ADIE M	ARIE	BELA		7 - 8 - 8		11	3 1982	100	7
3.	SEX	4 RACE		5. DATE C	FBIRTH	27 8037 1	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24	HRS
	Female	Ca	uc.	MONTH 4	12	1895	87	YRS.	MONTHS DAYS	HOURS	MIN.
190	BIRTHPLACE (STATE OR FO		F WHAT COUNTRY	Y? 8	□ NEVER	MARRIED -	9 BALTIMORE CITY		Y OF DEATH		
	Maryland	U.S.	. A.	WIDOWE		NORCED	Baltim	ore Co	ounty		MD.
10	CITY OR TOWN OF DEAT		F HOSPITAL, NURS	ING HOME C	R OTHER IN	STITUTION	12g USUAL OCCUPA	TION	12b. KIND C	F BUSINES	
1	Towson	M	aner, Car	re - Ru	ixton	21204	Housewi		N/A		
13	SUAL RESIDENCE (IF NURSING STATE	NG HOME OR OTHER INSTITUTION	13c. CITY OR TO		13d INSIDE	CITY LIMITS?	13e. STREET ADDRESS	Cocke		Md.	
	Maryland	Balto.	Cockey	sville	YES [, 10 🔀	112 Glenn	ore A	venue	2103	0
14	FATHER'S NAME	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA			LAS	,	
	W i lliam		Livingst	on		Sally		- N	1cGonn		
16	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORM	ANT Co	ckeysville	RESMd.	2103		
L	No		216-07	-5716 I	Dor	othy M	. Eberwei	n. 112	2. Glenn	ore l	Rd
	18 CAUSE OF DEATH	(Enter only one couse p	er line form, (b),	ond (c).)	٨	25	1		BETWEEN O	MATE INTERVA	L ATH
	PART I. DEATH WA	MMEDIATE CAUSE (o)_	Cay	Reac		colle	re				
	14292	DUE TO.	ORAS A CONSEQ	UENCE ON	4		0 1/	1 1		. 1.	
Н	Conditions, if ony,	which (b)	litered	falle	odee	- Och	eo laure	Gucal	usace	yeu	1
	gove rise to imme	the DUE TO,	OR AS A CONSEQ	UENCE OF						1	
-	underlying couse	lost.									
1,	PART 2 OTHER SIGNI	FICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10) 1	
عَ ا				Gerriet.							
CEPTIEICATION	190 DATE OF OPERATION	ON 196 CON	DITION FOR WHIC	HOPERATION	WAS PERF	ORMED	20a. AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH	2
1 2							YES NO	YE	s 🗌	NO [
			OF INJURY A.M. MONTH	DAY YEAR	21c HOW I	NJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18.	PART I OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICA	L EXAMINER)	P.M.	19							
2 2	21d. INJURY OCCURRE	(AT HOME S	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC 1	211 LOCAT	ON	CITY OR	IOWN	COUNTY	STAT	TE
	AT WORK AT WORK			1/1	1/_	10	1/	0	a		
	22a certify that (I) (I	his hospital) attended to	he deceased from	for	veu !	E(1902	_, to			that (1) (wa	
	boove, (i) (we) (did	d) (did not view the bod	y ofter deoth.) (our) o pinion o	deoth occurred on the	dote and hou	ir and from the	couses state	d
	22b. SIGNATURE	~ 1 for 5	Nos .	/. h	DEGREE	ATTENDING	MEDICAL ST	455	22c. DATE	SIGNED	***
4	w	ander 12	1	0		PHYSICIAN &	DIRECTOR PHYS	AFF ICIAN 🗌	510	exe dec	585
1	22d. PHYSICIAN'S NAM	ME (TYPE OR PRINT)	1/0	FI	22e ADDRE	SS As a	Ca	red.			
	WHLT	ER 1.		>		11/04	1	16.	21111		
23	a. BURIAL, CREMATION, RI			NAME OF CE	METERY OR	CREMATORY	236 LOCATION		COUNTY	CTAT	
L	Burial	11/5/	1982 Je	ssops	U.M.	Church	n Cem. Co	ckeys	ville B	alto N	Ad.
	FUNERAL DIRECTOR	-1. 11 YYZ				25a. DATE	REC'D. BY REGISTRA	R 25b. REGIST	RAR'S SIGNAT	URE	Ã
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DHMH - 16 50M 1/81 (VRA 15, 4)

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January 1992 Servent of the Community of

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 20. DATE OF DEATH MONTH YEAR I. DECEASED NAME FIRST 2b. HOUR (TYPE OR PRINT) JOSHUA JAMES BEYER 11 - 9 - 823. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE MONTH DAY YEAR MALE WHITE 11 - 6 - 823 TO BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA MARYLAND BALTIMORE COUNTY WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON ST JOSEPH HOSPITAL USUAL RESIDENCE | IF NURS ING HOMEON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 15659-DOVER ROAD BALTIMORE UPPERCO 21155 MARYLAND YES 🗔 NO X 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE JAMES BETTIE T, HOPKINS BEYER 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT 15659 DOVER'S ROAD. (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATEST NONE JAMES BEYER UPPERCO, MARYLAND 21155 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ANOXTA IMMEDIATE CAUSE (a). PULMONARY ATELECTASIS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION BILATERAL ADRENAL HEMORRHAGE 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING TO CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR P.M.

21e. PLACE OF INJURY

a. Hol

19

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AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

21f. LOCATION

. 19 82

ATTENDING

CITY OR TOWN

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COUNTY

STATE

saw the deceased alive or 774 SIGNAPORE

220.1 certify that (X (this hospital) attended the deceased fram....

23b. DATE

PHYSICIAN 22e. ADDRESS

231. NAME OF CEMETERY OR CREMATORY

DEGREE

STAFF MEDICAL DIRECTOR PHYSICIAN

23d LOCATION

22c. DATE SIGNED 11-10-82

, 19 99 , that 😿 (we) last

THE PHYSICIAN'S NAME (THE CHERINT)

REYNALDO ORIUELA-GOMEZ, M.D.

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

230. BURIAL, CREMATION, REMOVAL

7620 YORK ROAD TOWSON MD 21204

DHMH - 16 50M 4/82 (VRA 15, 4)

18

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MPORTANT

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BURIAL

OWINGS MITLLS, MARYLAND

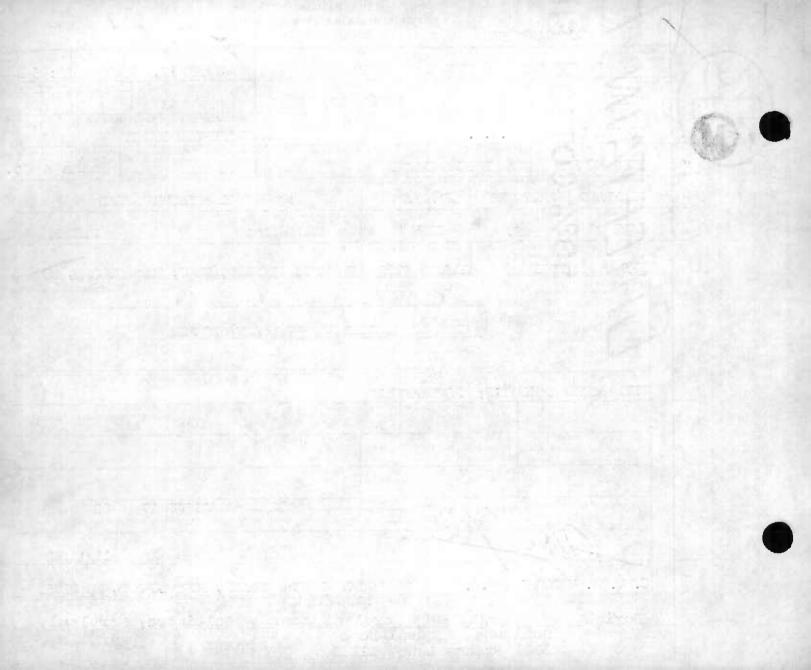
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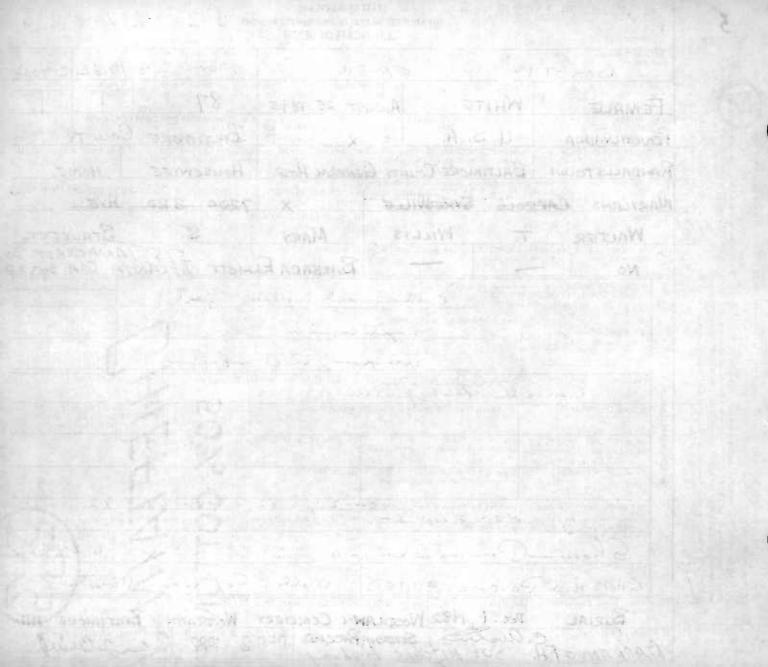
Baltimore, Md.

(VRA 15, 4) 1/79

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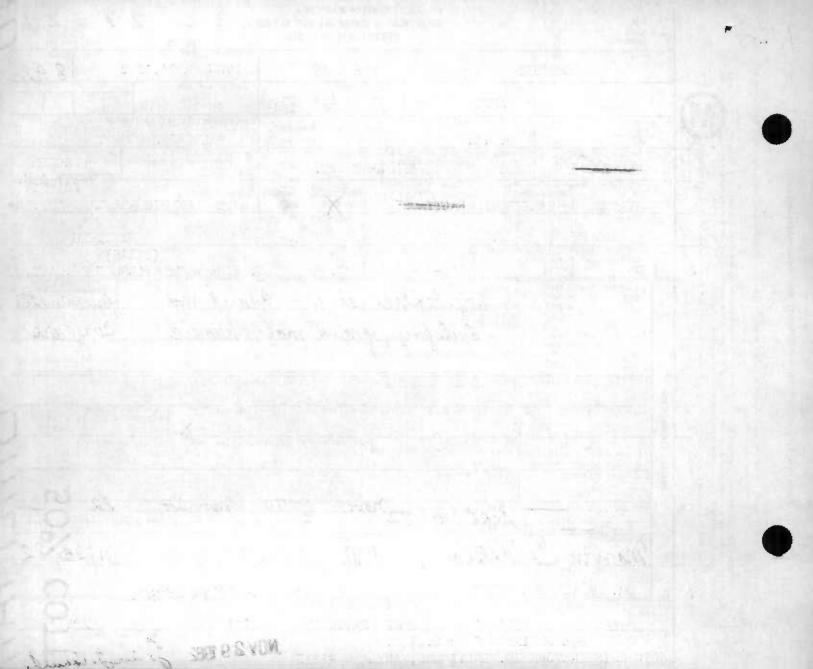
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M	3. SE	EMALE	4. RACE WHITE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD		UNDER 24 H
	2	RTHPLACE (STATE OR FOREIGN COUNTRY) NYSYLVAINIA	U.S. A.	DUNTRY? 8. MARRIE WIDOWE	DIVORCED D	9. BALTIMORE CITY OR	COUNTY OF DEATH	
s ofter by the fulfilled with	50	MDALLS TOLUN	11. NAME OF HOSPITAL UF NOT IN SUCH FACILITY, BALTIMORE	GIVE STREET ADDRESS)	11 -	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEW! F	VORKING LIFE) INDUSTRY	
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on ond co		VAS DECEASED EVER IN U.S. ves. no or unknown) (IF yes.	ARMED FORCES? 166 SOC	CIAL SECURITY NO.	BARBARA E	LHOTT ATI	S TANACRE ANTA GA APPROXIMAT BETWEEN ONS	303
quires that the death ce signed by the attendin hen please remove could to buriol, cremation, or a jury, or ather troumatic	NO	Conditions, if ony, which gove rise to immediate couse to), stoting the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CO	ONSEQUENCE OF	NOT RELATED TO THE TERM		TION GIVEN IN PART TIO	
he low red on. hos been t permit. I ene priori	CERTIFICATION	190 DATE OF OPERATION	195 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	S USED DEATH?
SICIAN: T ng physici certificate virial-transi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2)	
UG PHYSICI ottending i ter this cert is the buriol h and Mente	MEDICAL	21d. INJURY OCCURRED WHILE OF WHILE OF AT WORK	210. PLACE OF INJUR		21f. LOCATION STREET	CITY OR TOWN		STATE
R ATTENDIN hospitol or RECTOR: Af hed for use ppt. of Health		220.1 certify that (1) (this ha sow the deceased alive above, (1) (we) dia (did	spital) attended the decease on	1 19 X 2 or	nd that in (my) (our) opinion	death occurred an the date	and haur and fram the cau	t (I) (we)
the her toche e Dep		22b. SIGNLATURE	Pour		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIG	
TO HOSPITA retained by TO FUNERA should be de with the Stat		CHASSEM	PE OR PRINT) POURNOT	ABBED	220 ADDRESS	Co. Com	. Hoyita	٥
BP	23a. I	BURIAL, CREMATION, REMOVE SPECIFIED BURIAL	AL 23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	BALTIMORE	
DHMH - 16 50M 4/82 (VRA 1S, 4)	24. FI	INERAL DIRECTOR NAME ARRANGO F	c. austra	ADJRES SEVERNY		E REC'D. BY REGISTRAR 24	PREGISTRAR'S SIGNATURE	uf



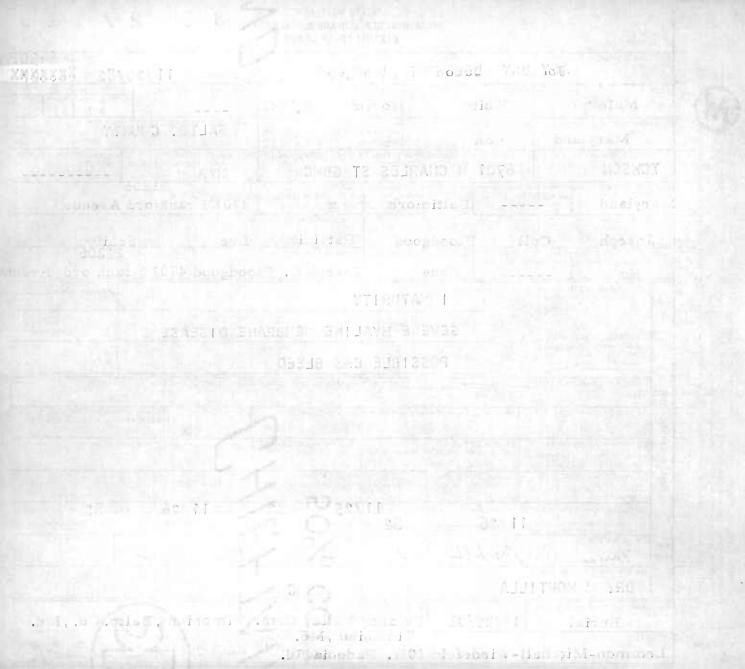
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



(VRA 15, 4)



6010 REISTERSTOWN RD. BALTIMORE MARYLAND 21215

(VRA 15, 4)

STATE OF MARYLAND

The second secon The state of the state of Ayearconstante com De The east of the way the way of th Maries of the Control of San Table MILBURN

Episcopal 202 S. Rolling Rd. 21228 Chaney Alabama Ct. Margaret Jarbos- Towson, MD. 21204 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IE YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE nov moer 20 ond that in (my) (our) opinion deoth occurred on the date and hour and fram the causes stated 22c. DATE SIGNED Nov. 22. 413 Commonwealth Ave. Catonsville MD. 21228 CityCOUNTY MOTATE Baltimore Nov. 22,1982 Loudon Park Cemetery A CIONAL PRECIOR RUSSOLL C. WITZKO FUNDIOL HOMOS P. A 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 5 SIGNATURE 1630 Edmondson Ave., Catonsville, MD. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

BOHANAN

REG. NO

November 20, 1982

26 HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

IE UNDER 24 HRS

20. DATE OF DEATH MONTH

DHMH- 16 30M 2/80 (VRA 15, 4)

STATE

TYPE OR PRINTS

REGISTRAR

FIRST

DECEASED NAME

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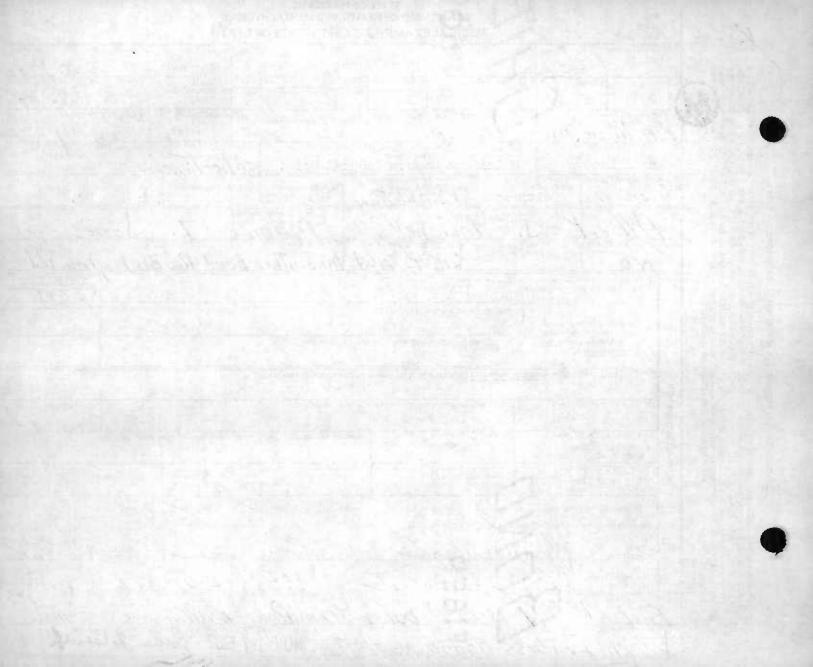
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-OF INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, 19 82 DEATH MATED RACE 3. SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Female White 20 1904 78 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED X DIVORCED Ohio U.S.A. Baltimore County ID. CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Housewife 404 Nollmeyer Road Middle River ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN 404 Nollmeyer Road Baltimore Middle River NO X Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST FIRST Andrew LaBuda Anna Gonda 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT Nasturtium Lane (YES, NO, OR UNKNOWN) 219-07-2048 Geraldine B. Ciocchi Balto. MD 21220 No CAUSE OF DEATH (Enter only one cause per lige for (a), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HI YES NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Hamicide DATE EXAMINER'S NAME J. CROSSAN 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d LOCATION 23t. NAME OF CEMETERY OR CREMATORY COUNTY STATE Sacred Heart of Mary Burial Dundalk, Baltimore, Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inches 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU **DHMH-17** (VR A15 ME (5) 7922 Wise Avenue, Dundalk, MD 15M 2/80

LIATAZEANIA SINATE RYME Marine Marine 192 All a limited that a thing of the little of the Exercise (N. H. F. J. F. S. Line C. S. C. Lancoura C.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Joy M Bond > 1902 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Black. 10 26 20 62 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED DIVORCED WIDOWED OR INDUSTRY Randallstown BAltimore County General Hosp. JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 4100 Maryland Baltimore Buckingham Rd. YES [NO X OF WIAL 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? OF BURIAL, YES NO V E 3 SHOULD BE E DEPARTMENT C PRIOR TO BURLA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e. PLACE OF INJURY (AT HOME, 21E LOCATION WARDED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALLIMORE, MARYLAND, 2 death resulted range Hamicide Undetermined manner TITLE (SPECIF EXAMINER'S NAME **DHMH-17** (VR A15 ME (5)) 15M 7/76

STATE OF MARYLAND



(VRA 15, 4)

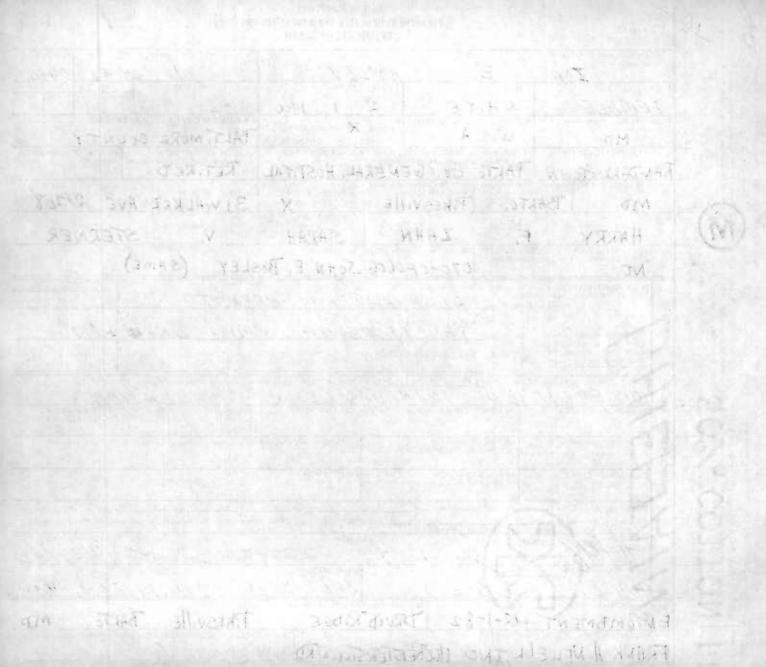
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 7h HOUR TYPE OR PRINT 5.198 November-ALICE H. BOSLEY 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS White Female Nov. 9. 1896 85 Ta. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH LOUNTRY? MARRIED NEVER MARRIED MD USA Baltimore County DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY College Manor Nursing Center Lutherville Homemaker Own Home JSUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 134 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 2025 Skyline Drive Towson NO X Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Wilbert Alice Helm 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Elizabeth Boslev. Balto., MD No Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Pneumonia 4 days IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF Emphysema Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF extreme age, decubiti ulcers, underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION none 90. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20s. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NOX YES [NO [71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC 21f. LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a I certify that (II this haspital) attended the deceased from ULLY sow the deceosed olive on Oct 3, 198 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated ATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN -MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ould b Charles E. Ellicott M.D. York Road Lutherville 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23¢. BURIAL, CREMATION, REMOVAL 736 DATE STATE COUNTY 11/6/82 Cremation Green Mount Balto. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MD Henry W. Jenkins & Sons Co. DHMH - 16 60M 1/75 (VRA 15 (4)) 4905 York Road Balto., MD

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(VRA 15, 4)



STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2b. HOUR

126 KIND OF BUSINESS OF

Home

Harriday

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c DATE SIGNED

82

IF UNDER I YEAR

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

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20M 4/82

STATE OF MARYLAND

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0	1. DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE	EXAMINE		AND	AIEO	20.		TI-	MONTH	DAY YEAR 5 1982	2b. HOUR
	3. SEX		4. RACE	S. DATE OF BIRTH	111	6. AGE (IN YEARS LAST BIRTHDAY)		DER 1 YR.	IF UNDER 2	4 HRS. 2c.	DATE	٨	AONTH	DAY YEAR	Zu FlOOR
H485459	7a. B	REIGN COUNTRY)	WHITE ATE OR	5/30/3 76. CITIZEN OF V	VHAT COUN			-	ER MARRIE		DEAD	CITY OR	COUNTY	S 1982	0720
DELAY IS NE TO THE FURN N PACE 5 P SE FILED, W DOS, 201 W.	10. C	MICHIGA TY OR TOWN O DUNDALK	OF DEATH	11. NAME OF HO	FACILITY, GIVE S	RSING HOME,		-22		120 USUAL	OCCUPATION OF WORKING	ON (TYPE OF LIFE)		2b. KIND OF I OR INDUS	MD. BUSINESS STRY
PECONO SECTION	USU / 13a. S		IF IN NURSING HOME	OR OTHER INSTITUTION,	13c. CITY)	13d. INSIDE (II YES 🔲		13e. STREET	ADDRESS SOLLE				222
PRATH STATE		THER'S NAME FIRST		MIDDLE	KIRKP	ATRICK	10	CHA	R'S MAIDEN	NAME E	MIDDLE		KE	LAST ENNELL	7
RES AFTER DE S. GIVE PAGE WITH FORM I. PAGES I A DIVISION OF	(Y	ES, NO. OR UNKNO YES	WW	WAR OR DATES)	377	.22.849		KAREN	BRANI		ALTO.,		JRT 212		TE INTERVAL
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUS "PENDING" IN PENCIL IN ITEM 18 IF MEDICAL EXAMINER ALONG WE DAS A BURIAL - TRANSIT PEMITI- HEALTH AND MENTAL HYGENE. IL, CREMATION, OR REMOVAL.	NO	gave ris cause (a) lying cau	O O is, if any, which e ta immediate stating the <u>under</u> se last.	(b)	Chras a con		pen	OR CONDITION	GIVEN IN PART	ndio	dise	larase		6 y	ره,
S CERTIFICATE SHOULD IS CERTIFICATE SHOULD IN SECURITY OF THE CHIEF AN EX 3 SHOULD BE USED A E DEPARTMENT OF HEAD OF PRIOR TO BURIAL, CONTROL TO B	CERTIFICATION	19a DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPERAT	ION W	AS PERFORA	MED?		The second			20. AUTOPS	Y?
THE WAY TO THE WOULD BE ARTMEN TO BE ARTMEN		UNDERLYING CONTRIBUTIN	NG CAUSE OF	DEATH P.	M. MONTH M.	19			OCCURRED	(ENTER NATU	IRE OF INJURY IN	NITEM 18 PART	T I OR PART	2)	
THIS CERTIF WRITING: VARDED TO YAGE 3 SHO TATE DEPAR	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE (OF INJURY CTORY, FARM, E			CATION		C	TY OR TOWN		COUN	NIA	STATE
CAL EXAMINER: THIS CERTIFICATE SHOULD HE CERTIFICATE, WRITING THE WOORD "PINOUID BE FORWARDED TO THE CHIEF RAL DIRECTOR; PAGE 3 SHOULD BE USED ATH, WITH THE STATE DEPARTMENT OF HE RE, MARYLAND, 21201 PRIOR TO BURIAL!		22a I certif death results ACTUAL SIGNATURE		ge of the remains divided and causes A, Maria	Accident	ve, held an Suici	Autaps deM.	Hamici		Undeterm	Inquiry ined manner	, .	DATE SIGNED	11/5	82
TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, M		EXAMINER'S (TYPE OR PRI	(T)	2035AN (NOO	MAYO		ADDRESS_	2112	DUND	ALK	AVE,	BAL	I., MD	21222
9 BP	(:	CREMA UNERAL DIREC		11/6/198	2 GF	REEN MOU				PALLEC'D. BY RE	OWN	Sh PEGISTI	COUNT	MI	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	WA	LTER BR	OOKS BRA	ADLEY, INC		ALK,MD.	212	222	NO	V 9	1982	John	~g	Come	4

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	1.	FOR STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2 2 REG. NO.	7 9	41
25		CEASED NAME FIRST	IAN GERTRUD	E BRE 1	ENBACH	20 DATE OF DEATH MONTH	82	11:20A
(M)	3. SE	FEMALE	CAUCASIAN	5. DATE	OF BIRT 24	6. AGE IN YEARS LAST BIRTHDAY) 69 68 YRS.	IF UNDER 1 YEAR	FUNDER 24 HRS
172 ho		RTHPLACE STATE OR FOREIGN COUNTRY) LTIMORE, MD.	76 CITIZEN OF WHAT COL	INTRY? B. MARRI WIDOW	ED NEVER MARRIED	BALT I MORE COUNTY	OF DEATH	MD
56		TOWSON	11. NAME OF HOSPITAL,	NURSING HOME VE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	17b. KIND OF E INDUSTRY	BUSINESS OR
Should be	13a. :	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUMARYLAND Ba	INTY 13c. CITY O	CE BEFORE ADMISSION OR TOWN IMORE	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA	13e STREET ADDRESS 1208 BAKER AVEN	TUE 212	.07
ond 2 sh	W	ILLIAM CLARK (DEC)	AST	CAROLINE MO	CMAHAN	€ LAST	
medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	03-519	17. INFORMANT 1208 Elizabeth	8 Baker Ave., H	Balto.,1	Md.
emovol. event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only and cause per line for (a) ED BY: HEM ATE CAUSE (a)	ATEMESI	S			HRS.
move carbo nation, or r		Conditions, if ony, which gove rise to immediate	127		ROINTESTINA		10	HRS.
please re urial, crem r, or other		cause (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT			ASTATIC CAR	C I NOMA	/EN IN PART I to	
ows ony injur	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	DN WAS PERFORMED	IN CERTIF	S, WERE FINDING FYING CAUSES OF	OS USED OF DEATH?
Item 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MON	19		RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)	
orkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
n 21 is m			not) view the body after deat	173 82		death accurred on the date and have		
State Dept		22d. PHYSICIAN'S NAME (TYPE	soalen	~	M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN		11/13/8
should be det with the State IMPORTANT:		ROBERT A. PA	LERMO, M.D.		670 1 N. Cha	ciate Pathologist arles StBalto.,	Md. 212	:04
-		Burial, Cremation, Remova Burial	11-16-82	Loud	cemetery or crematory on Park Cem		COUNTY	Md.
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		١.	FOR	DI		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	279	42
		1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
			CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MON	TH DAY YEAR 21	b. HOUR
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e e	A	3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	1	FUNDER 24 HRS
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4 +	8	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	WIDOWE NURSING HOME C	D DIVORCED D	120. USUAL OCCUPATION	12b. KIND OF B	BUSINESS OR
s ofter by the	\$ 0	7	OW.SON	STELLA M	ARIS A	ESPICE	SEAMSTK	Dress.	-Making
ND 212 24 hour filled in	ST.	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDEN	CE BEFORE ADMISSION) OR TOWN	13d INSIDE CHY LIMITS?	Dulaney Vall	ev Road 2	1204
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MARYLAND led within 24 ompletely filled and 2 should		5	TEPHEN	MIDDLE BC	DOKS	ANNE	MIDDLE	ENNED	\checkmark
AORE, execut	medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	AL SECURITY NO.	17. INFORMANT	ADDRESS	DULANIEYU	ALLRY
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RDS, requir	10.00	O							
	6 6 /	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN	LETTIFYING CAUSES OF	F DEATH?
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IVISION C IG PHYSIC ottending ter this cer	orked	¥.	WHILE NOT WHILE AT WORK	(AT HOME, STREET ACTORY,	, OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
2 o a s	om s		22a.1 certify that (I) (this hospi	tal) attended the deceased		0 19 78	, to 11. 24	, 19_80, the	ot (1) (we) lost
R ATTEND hospital a	21:		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body after death	19 V2, or	nd that in (my) (our) opinion	death occurred on the date o	and hour and from the co	uses stoted
8 4 8 P	# Hem		226. SIGNATURE	3	2-11-1-1	DEGREE	MEDICAL STAFF	22c. DATE SK	GNED
, £ , 2	0					ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 11.2	4.82
HOSPITAL med by the FUNERAL	RTAL		22d. PHYSICIAN'S NAME (TYPE	R PRINT)		22e ADDRESS			0.
o HO etoine should	IMPORTANT:	_	EDNIE NA	KHUDA		2400 0	ULANEY	VACEY,	100
mm.			BURIAL, CREMATION, REMOVAL			thedral Cem	23d LOCATION CITY OR TOWN	COUNTY	STATE -
CANCERP.	-	_	Burial UNERAL DIRECTOR	11/26/82	INEW Ca		Baltimo		Maryland
DHMH - 16 50M			emmon-Mitch	all Windofal	DORESS 1 O TAT			to him to	any
(VRA 15, 4)		ellimon-witch	err- wiederer	a, 10 W.	I adoma Nu	0		

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/ /	FOR STATE REGISTRAR	DEPARTM	STATE OF MARTEAND EENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE 8 2 2	27944
	DECEASED NAME TYPE OR PRINT) AGG	aggie MIDDLE	3ROW NBrown	20. DATE OF DEATH MONTH 11	9 8 2 82 1: 55 P M
for po	Famala 4	RACE Black	5. DATE OF BIRTH MONTH DAY YEAR DEC. 20. 1893	6. AGE (IN YEARS LAST BIRTHDAY) PRES.	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY) Virginia	L.S.A.	8 MARRIED NEVER MARRIED WIDOWED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT Baltimore Count	
155	Randallstown	1. NAME OF HOSPITAL, NURS INC. IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126. KIND OF BUSINESS OR INDUSTRY
24 havr	SUAL RESIDENCE (IF NURS FOR O 30. STATE HOW	Y 130 CITY OR FOWN	ADMISSION) 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Private Home
within a within and within and 2 sha	FATHER'S NAME	Rooney	15 MOTHER'S MAIDEN NA	WIDDLE	LAST
Fond cor	WAS DECEASED EVER IN U.S. ARM			ADDRESS	(unknown)
physicin ppysicin npapen movol.	18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED 6 9 9 IMMEDIATE	ane cause per line far (o), (b), and BY.	(C)	anet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
s that the death ce by the attending lease remove corb, io), cremotion, or or ather traumotic	Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause last	DUE TO, OR AS A CONSEQUEI (b)	plicema NCE OF many trad -	ifection	
N: The law requires ysician. cate has been signe onsit permit. Then p Hygiene prior to bur 8 shows ony injury, or periel of a to bur propriet of a to bur pr		ONDITIONS CONTRIBUTING TO D		AINAL DISEASE OR CONDITION GIV 200 AUTOPSY? 206. IF YE. IN CERTIL	S, WERE FINDINGS USED
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0 0 000	276 PHYSICIAN'S NAME CLYPFOR	Pommotre	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	274. DATE SIGNED
TO HOSPITAL or retoined by the TO FUNERAL is should be detendent with the State [MPORTANT: If MPORTANT: If MP	CHASSEM T	POURMOTABO		Co. Gn. Ho	مكنير
BP	(SPECIFY) Burial	11/10/82 Me	AME OF CEMETERY OR CREMATORY adowridge Mem. Park	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	FLEROWEMOR & Russa 5555 Twin Knoll	all .C. Witzkes F s Road, Columbia	uneral Homes 250. DA		in I Coming

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		FOR STATE		IT OF HEALTH AND MENTA	The same of the sa	/ 7 4 3
		REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. NO.	
) I. DE	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26. HOUR
Marin Se	1111	MARY	#	BROWN	OF ESTI-	19 M
ROLLEA REGILEA	3. SE		5. DATE OF BIRTH 6. AC	SE (IN YEARS IF UNDER 1 YR, IF UND		MONTH DAY YEAR 2d HOUR
S T T T T	1	6 111	MONTH DAY YEAR LA	ST BIRTHDAY) MONTHS DAYS HOURS		117 82 125
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	1/0.8	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MA	ARRIED . 9. BALTIMORE CITY OR	COUNTY OF DEATH
THE RESERVE TO		NNSYLVANIA	USA		DRCED BALT	- O MD.
W # W B A C	1D. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	F WORK 12b. KIND OF BUSINESS OR INDUSTRY
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			OTHER INSTITUTION, GIVE RESIDENCE BEFORE		SZ ALIZA STREET ADDRESS \$ 60	21-DAVLORD
2 4Z4X2-1	130. S		Y 13c. CITY OR T		130 STREET ADDRESS	21724
22, A	11		TIMORE	YES NO	ALIDALI MU	2/237
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DEATH DEATH AND SAND SAND SAND SAND SAND SAND SAND		CHARLES P.	SNURR	DAS	Y ZEIGLER	
A PAC	16a. \	VAS DECEASED EVER IN U.S. ARM ES, NO, OF UNKNOWN) (IF YES, GIVE W		ECURITY NO. 17. INFORMANT	ADDRESS	
, 201 W. PRESTON ST., BALTIMORE, J CUTED WITHIN 24 HOURS AFTER DEATI IN PENCIL IN ITEM 18. GIVE PAGES I EXAMINER ALONG WITH FOR PA RIAL - TRANSIT PERMIT. PAGES I AND IN MENTAL HYGIENE, DIVISION OF WITHIN ON OR REMOVAL.	1,	N A	215-01	1-0612 FB	IMILY REMADAS	
SS SE S		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and		JIII Y ISECURUS	APPROXIMATE INTERVAL
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NU BE EXECUTED PROBLEM IN THE MENDING" IN PREFAMENCY EXAMSED AS A BURIAL HEALTH AND MEI HEALTH AND MEI ALL CREMATION, CALL	z	-		THE PERMITTER STEERS OR CONSTITUTE STEER IS	TIANI TIUE	
RECO D BE PENDI MEDI AS AS A	CERTIFICATION	19a, DATE OF OPERATION	Ties CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		Tee AUXORGYS
AL.	1 2	THE DATE OF OFERATION	176 CONDITION FOR WHIC	HOPERATION WAS PERFORMED!		20 AUTOPSY?
# ¥82557	4 1					YES NO
OF PARENTE		21a EXTERNAL CAUSE WAS	HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)
SION SHOULD PARTA	기롱	UNDERLYING OR CONTRIBUTING CAUSE OF DI		10		
5 E Z D 0 m Z	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT			
DIV RELEGIE	1 2	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY
		AT WORK AT WORK		1		
L EXAMINER: 1 E CERTIFICATE, DUID BE FORM L DIRECTOR: 8 H WITH THE SI MARYLAND.		72s. I certify that I took charge	of the remains described above, he	eldan Autapsy 🔼, Inspe	ctian 🔲 , Inquiry 🔼 , ond i	in my opinian
NE SET SE		death results from Natura	Accident .	Suicide, Hamicide	Undetermined monner .	
EXAM CERTION DID B		1 80 01	-/	TITLE (SPECIEY		, 1.
A. A.		SIGNATURE MINH	merin	MD DEPUT	-4	DATE 11/17/82
SEX SE		SIGNATURE	01 0	10	MEDICAL EXAMINER	SIGNED RO
WAN TEN	4	EXAMINER'S NAME (1) 2	JL G-GUER	IN	11 6 6 6 11 11 1	5 10 21030
TO MEDICAL E) TO MEDICAL E) PAGE CUT THE CI TO FUNERAL D AFTER DEATH, V BALTIMORE, M		(TYPE OR PRINT)		ADDRESS	O-CETTO ILLE	6 m () 210)0
ADDE 49	23e. B	URIAL, CREMATION, REMOVAL 23	11/ / /	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
BP	B	URIAL	130/82 GAR		+ BALTO. COUNT	
	24. F	UNERAL DIRECTOR	ADDRESS	8800 25a. DA	TE REC'D. BY REGISTRAR 256 AGGIST	RAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	E	IANS FUNERAL C	HAPEL PARKUILL	E HARFORDAY	NV 19 1982 Joa	my comment
15M 2/80		VIVENTE C	WITH L, INNAVIAL			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	0	2 EG. NO.	279	4 6.
	CEASED NAME	FIRST		MIDDLE	t.	AST	20. DATE OF DEA	ATH MONTH	DAY YEAR	26 HOUR
	F	Richard	d F	Evan	Br	own	Novem	iber 4	1982	м
3. SE	Х		4 RACE	474	5 DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
_	Male		Whi	te	Mar	ch 9, 1936	46	YRS	MONTHS DATS	HOURS MIN.
	RTHPLACE (STATE C	OR FORLIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE	ITY OR COUN	TY OF DEATH	
	assachus		USA		WIDOWE	D DIVORCED	Baltim	nore Co	ounty.	MD.
10 CI	ITY OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	Market	Sales	126. KIND OF	BUSINESS OR
	utherville		1801 I	Pot Sprin	g Rd.	21093	Executi		Insur	ance
M	laryland	13b. COUN	other institution TY .more	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Lutherv	N I	13d. INSIDE CITY LIMITS?	13e. STREET ADD		ng Rd. #	
	Arthur	I	AIDDLE R.	Brown		15. MOTHER'S MAIDEN NA Margaret	AME	DDLE	LAST	
160 V	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Wife	e) '	ADDRESS Lu	therville	e 21093
	Yes		rean	023-28-	9037	Mrs. Jane	M. Brown	1,1801	Pot Spri	ng Rd.
CERTIFICATION	couse (a), sto underlying cou	y, which mmediate hing the se last.	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO		DEATH BUT	TIC CONTRIBUTION THE TERM	ANUST ANNAL DISEASE OR 200 AUTOPSY	2 20b. IF Y	ES, WERE FINDIN	GS USED
TIFIC							YES NO		TIFYING CAUSES (OF DEATH?
MEDICAL CE	220.1 certify that	CAUSE OF DEAT DICAL EXAMINER) RRED WHILE OOR I) (this hospits ssed alive on (did) (did not) WAME (TYPE OR	P. 21e PLACE (AT HOME STE	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE FA deceosed from	19 ARM, ETC)	216 HOW INJURY OCCUR 211 LOCATION STREET 19 d that in (my) (our) opinion EGREE ATTENDING PHYSICIAN 226 ADDRESS	to death occurred on MEDICAL PIRECTOR P	STAFF HYSICIAN Bal	1982 11 our and from the cour and from the cour and from the course of t	21205
23n B	URIAL, CREMATION			12.1	IAME OF C	John Hopkin				
	Buria RAL DIRECTOR Artin D.		urn	7 1982 D	ulane 2	y Valley Cer 21093 1250 DA Timonium	23d LOCATION CITY OF TO TE REC'D. BY REGIS V 8 1982	nium, B	COUNTY 210 Salto. Co. SIRAR'S SIGNATU A. C.	Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etoined by the haspital or ottending physician, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely tilled in by the should be detached for use as the burial-transit permit. Then please remove carbon pagests, Eagest, and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, as removal.

injury, or other traumotic

IMPORTANT: If Item 21 is marked at Item 18 share

water and the second se article in the search of The state of the s The state of the s Little - South Valley more for a letter leavener 1476 7 3 C 9 0 4 4 4 9 A. W. A. death Labor Designation e de la company de la comp of the state of th

Ruck Towson Funeral Home, Inc. Towson, Maryland

- STATE

REGISTRAR

DECEASED NAME

24. FUNERAL DIRECTOR

HMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1050 York Road 250 DATER

LAST

REG. NO

2h. HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1 HA

10 125

NO [

IF UNDER I YEAR

Forsythe

YES

COUNTY

84

COUNTY

22c. DATE SIGNED

Maryland

20 DATE OF DEATH MONTH

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Duda Ruck Funeral Home Dundalk, Maryland

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

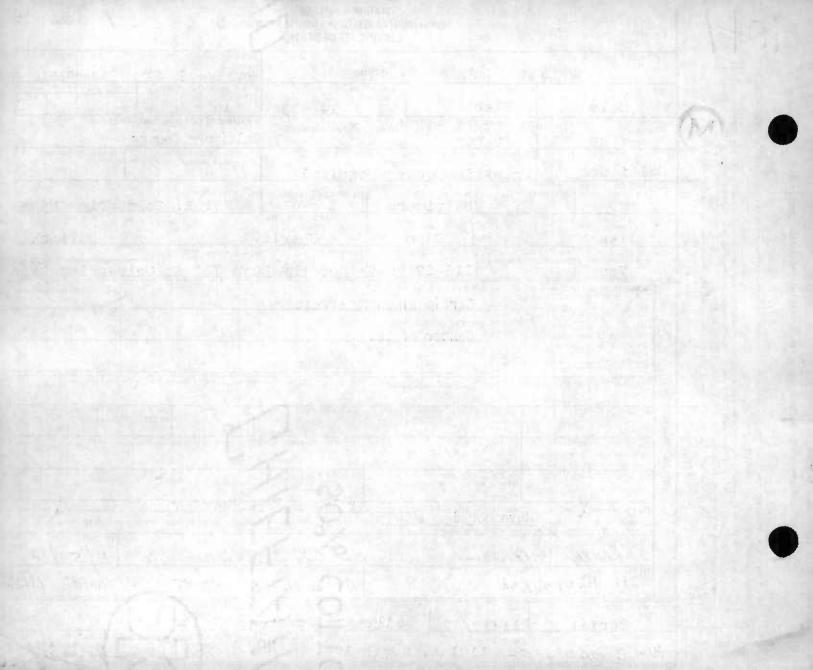
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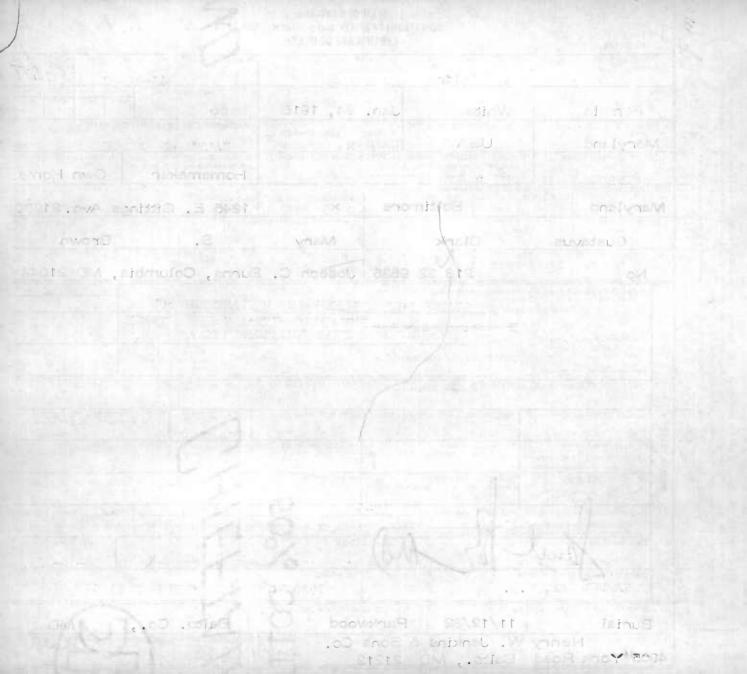
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	xx		STATE REGISTRAR				LEXAMIN	NER'S C	ERTIFIC	CATEO			REG. N				
	(M)		CEASED NAME E OR PRINT)	Wil:	lis	ROBE	OT	Ru	chanan		2	O. DATE KI OF DEATH A			29 ₁₉		b. HOUR
		3. SEX	(RACE	5. DATE OF	BIRTH	& AGE INY	EARS IF UN		IF UNDER :		c. DATE		МОНТН			2d. HOUR
	Para Our		M	W	MONTH 4-17	-1926	LAST BIRTHI	, morar	ds DAYS	Hours	MIN. P	RONOUNC DE AD	:ED	11	29 19	82	1:45P
	VECESSARY, UNERAL DIR FOR YOUR WITHIN 72	7a BI	RTHPLACE (STA	ATE OR		OF WHAT COL	JNTRY?	8. MARRI	ED X NEV	VER MARRIE	ED 🗆 9	BALTIMO		_			III.
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21201	AND 3 TO 1 RETAIN PE HOULD BE RECORDS	13a. S		IF IN NURSING HOME O	TY		E BEFORE ADMISS		13d. INSIDE CI	NO X	13e. STREE	BOT!			GAR	236	
WD.	TH. IF. 22, 23, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE		MIDI			LAST		
ORE	M S S S S S S S S S S S S S S S S S S S	114a V	VAS DECEASED	HAQLES EVER IN U.S. ARA		CHANA	OCIAL SECURI	TYNO	17. INFORM	AM	RGAR	१हर (ADDRESS	KEN	1000	1	1
BALTIMORE	JRS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 A ID DIVISION REVIEW	(Y	ES, NO, OR UNKNOV	(IF YES, GIVE V	WAR OR DATES)	54	15-34.			Madel	ine A	· Buc		m-5			20
ST.,	HOURS, M 18. G NG WITI RMIT. PA		18 CAUSE OF PART I DEA	DEATH (Enter onl	ly one cause p BY: TE CAUSE (o),	cer line for (o),	(b), and (c).) on Mone	oxide	Intox	ricati	on				BETWEEN	XIMATE IN	NTERVAL ND DEATH
PRESTON	A A LONA	7	868	32 IMMEDIAI		O, OR AS A CO	DNSEQUENCE	OF		-46							
	ACIL I NER SANS TAL F		gave rise	s, if any, which to immediate	(b).												
201 W.	UTED V IN PEN EXAMI RIAL - TE ON, OF		lying cous	stating the <u>under-</u> e last.	DUE T	O, OR AS A CO	DNSEQUENCE	OF				74	-1		15.5		
RECORDS	HHS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIAZOI PRIQR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTNER SIG	NIFICANT CONDITIONS O	CONTRIBUTING TO	OEATN BUT NOT R	ELATEO TO THE TER	MINAL OISEASI	OR CONDITION	N GIVEN IN PAR	RT 1 (a).						
I RE	AL CAL	CERTIFICATION	190 DATE OF	OPERATION	19b. C	ONDITION FO	R WHICH OPE	RATION W	AS PERFOR	MED?		MA.	3.53		20 AUTO	OPSY?	
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	AL EX HOULE WAL DIS E, MA		ACTUAL SIGNATURE_	1	01	ran	1	м	ASST	istant	MEDIC	CAL EXAMIN	VER	DATE SIGNE	11	/30	/82
	TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PATER BEALTIMORE, MARCAND, PA201	1	EXAMINER'S N (TYPE OR PRIN		Horm	ez R. G	uard,M	.D.	ADDRESS_	111	Penn	Stree	et,Ba	1to.,	MD 21	201	
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	DHMH - 17 (VR A15 ME (5))	10	MAME DO	1.00	- 752	7 Har	ford 5	Bd.	11.7	DEC	2-	1982	La	hung	2 Can	ill	1
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH DECEASED NAME FIRST 2b. HOUR TYPE OR PRINT Raymond Butterworth November 13, 1982 6:30 T. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SFX 10/28/1904 YEAR Male White 78 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTO. MD. U.S.A. Baltimore County WIDOWED ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Catonsville Forest Haven Nursing Home MACHINIST PROD. MFGR. USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN BALTIMORE NO T 305 E. JOPPA RD 21204 MARYLAND TOWSON 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE LAST GEORGE BUTTERWORTH JULTE. PHILLIPS ADDRESS 166. SOCIAL SECURITY NO. 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No BESSIE N. BUTTERWORTH 215.07.6201 SAME AS 13e 18. CAUSE OF DEATH (Enter only one couse per line pa), (b), and (c)
PART I. DEATH WAS CAUSED BY: noumanua IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 190. DATE OF OPERATION 20n AUTOPSY? 20h, IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOK NO [71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from. one that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceosed alive on obove 1) we) (did) (did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN ADDIRECTOR PHYSICIAN 11/13/1982 724 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 7220 Park Heights Ave., Balto. Md. 21208 Harold B. Bob, M.D. 23d LOCATION 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Maryland Cremation 11/15/1982 Green Mount Crematory

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

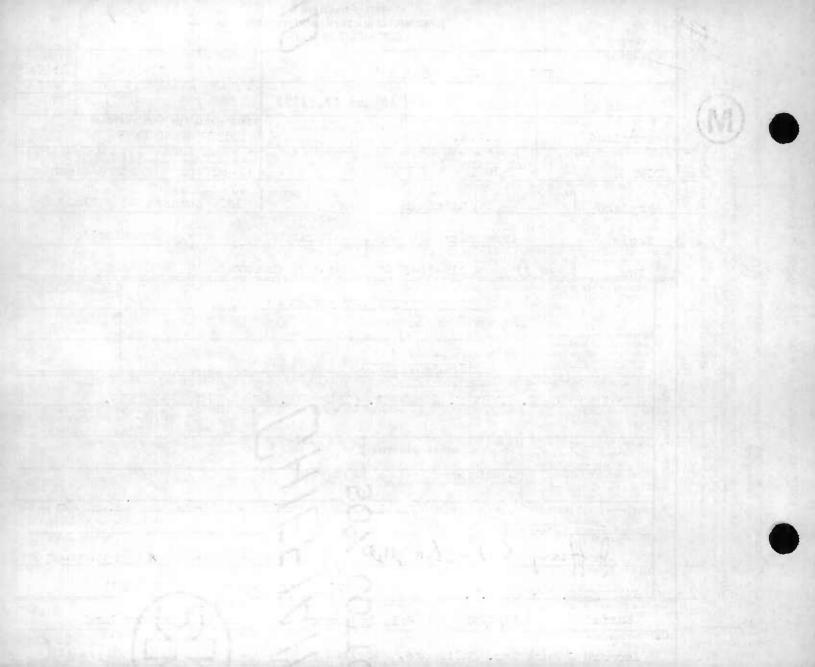
FOR

Walter Brooks Bradley, Inc., Balto., Md. 21222

Baltimore

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				4411111	TEATE OF DEATH	REG. N	0.			
		CEASED NAME	FIRST	7	MIDDLE		AST	20 DATE OF DEATH			26 HOUR	
	TIAME	OR PRINT)	Jose	phine	CA	P		November :	16, 198	32	4:20 P	
	3. SE		4 RACE S. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)		FUNDER I YEAR	IF UNDER 24 HRS			
		Female		MITT	Le	Dec.	19 1895 YEAR	86	YRS.	INTHS. DAYS	HOURS MIN.	
77	Cz	RTHPLACE (STATE OR FI COUNTRY) Cechoslovak	ia		SA	MARRIE WIDOWE	D NEVER MARRIED D	Baltimore County Baltimore County			ATH MD.	
57	R	ossville 2	1237	11. NAME OF HOSPITAL, NURSING HOME (IF PLIN SUCH TAUTY GIVES TREET APPRESS)		Mospi		126. USUAL OCCUPATION (TYPE OF YELDS SEWEL & KIND (IFE) INDUSTRY			OF BUSINESS OR	
35	13a. S	AL RESIDENCE (IF NURSI LATE aryland	13b COUNTY Ba	other institution	13c. CITY OR TOV	21221	13d INSIDE CITY LIMITS? YES NO	13. SIREET ADDRESS 221 N. Ma	rlyn A	ve.		
30	I4 FA	THER'S NAME FIRST	nkno	MIDDLE	LAST		15. MOTHER'S MAIDEN NA.	ME		LAS	51	
		VAS DECEASED EVER			166 SOCIAL SECT		17 INFORMANT	ADDR	ESS			
		(ES NO OR UNKNOWN)	(IF TES, GIV	E WAR OR DATES)	218 14	0217	Helen Brownin	ng 714 Ea	stern 1	Blvd.	Balto Md	
		Real Cause of DEATH Enter only one couse per line for (a), the ond (a) months of the part DEATH WAS CAUSED BY. Cardiopulmonary arrest									ON CONTROL TH	
0	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR V						20a AUTOPSY? 20b. IF YES		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?		
1	TIE							YES NOXX	YES		NO []	
9	MEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTION	AUSE OF DEA		M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)		
	MED	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	LE []	21e PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
ī	i	220.1 certify that (A) sow the decease above, (A) (we (d	d olive on	11116	19	32 or	nd that in (m) (of) opinion	to		ond from the	that toost couses stated	
		226. SIGNATURE	ac	y Ba	shner,		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED	
	Ties	22d. PHYSICIAN'S NA	ME (TYPE O	RPRINT)			??e ADDRESS				010	
1		BASH	3011	2			9000 Frank1	in Square D	r., 21	21237		
		URIAL, CREMATION, F	REMOVAL	23b DATE	/82 Sa		EMETERY OR CREMATORY	23d. LOCATION	Co	ORGATY	STATE	

DHMH - 16 50M 1/81 (VRA 15, 4)

14 FUNER AND RECTOR Funeral Home PA 1407 Old Eastern Ave

Bruzdzinski

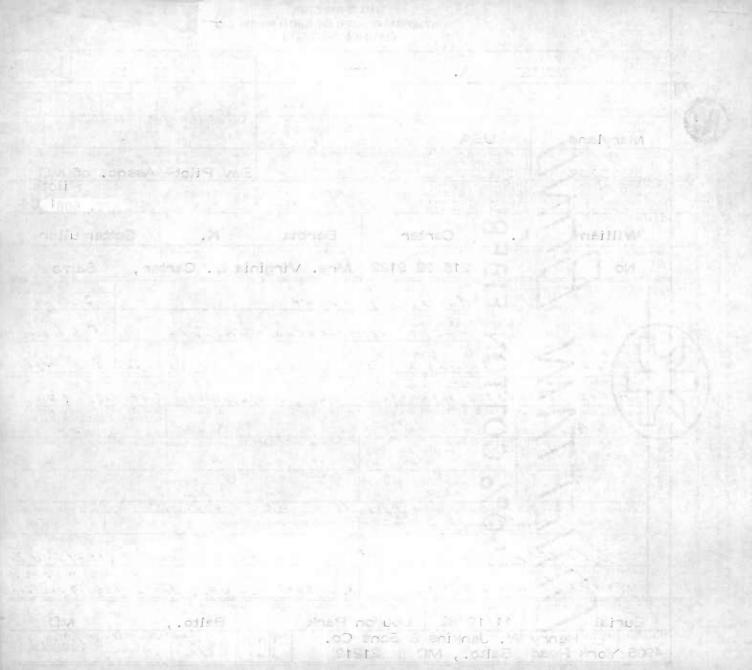
FOR STATE

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11/19/82 farred heart of lary Baltimore Co., Md.

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3		1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		EG. NO.	2 7) 5 6	
m 4			CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF DE		DAY YEAR	26. HOUR	
deot	- CONT. 1806			PRESI		Α.		RTER		11	15 82		
-		3. SE			4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAY		
i.	A	2 0	MALE	921	CAU		12	27 1910	71	YRS			
	1/	/a B	RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	RALTIN	IORE COU			
1		10. C	Maryland ITY OR TOWN OF DEAT	Н			WIDOWE	D DIVORCED DIVORCED	12a. USUAL OCC			OF BUSINESS OR	
- J. V	10		BALTIMORE		PERRI	NG PARKWA	ADDRESS) AY NUR	SING HOME		MOST OF WORKING	SCC. O	of MD	
1	200		AL RESIDENCE (IF NURSINGTATE	IG HOME OF		. GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS		Pilots	
-			RYLAND	BALT	IMORE	21204		YES NO X	8415 BEI	ONA LAN	NE	21204	
	E-	14. F	THER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDEN N	M	DDLE		LAST	
	350		William		L.	Carter		Bertha	K.		Getter	nuller	
. 9	O Dip	16a \	VAS DECEASED EVER II YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS			
	E		No		3.13.1	215 32	9122	Mrs. Virg	inia E.	Carter		ame	
44 44	÷,	Ol.	18 CAUSE OF DEATH PART 1. DEATH WA	CCALICE	D 01/							OXIMATE INTERVAL IN ONSET AND DEATH	
	• > • • • • • • • • • • • • • • • • • •	110	TAKTI. DEATH WA	MMEDIA	TE CAUSE (a)	PULMON	IARY	EDEMA			2	· hours.	
ending corb	mofic	ofic		4360		DUE TO, C	R AS A CONSEQUE					-	11
	0		Conditions, if ony,		(b)_	LEFT	ren	AFRICULAR	FAILU	NE	3-	Churry	
ALT	other t		gove rise to immo couse (a), stating underlying couse	the	DUE TO, O	RAS A CONSEQUI	NCE OF	M EYTENS	YON OF	STRIF	IE. 3-	5 plays	
-	ý, o		PART 2 OTHER SIGN	IFICANT	CONDITIONS C			NOT RELATED TO THE TER					
-	2	NO NO	ASCVD.	D	I ABETE.	8 HELL	TVS	CHRUNIC	BRONINI	115. 1	EPIIS.	CN.A.	
	5	CAT	19a. DATE OF OPERAT					N WAS PERFORMED	20a. AUTOPS	? 20b. IF	YES, WERE FINE	DINGS USED	
	2	CERTIFICATION	NA			N	A		YES NO		YES A	NO [
7-0	200	CER	21a. ACCIDENT WAS UNDE	BIAING [21b. TIME C	FINJURY .M. MONTH D.	AV VEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM	18. PART 1 OR PART 2	Dall Hall	
	E 7	AL	OR CONTRIBUTING C		ALIP .	M. NA	19		NH				
	0	MEDICAL	21d. INJURY OCCURRI			OF INJURY		211. LOCATION	CI	TY OR TOWN	COUNTY	STATE	
	3	2	WHILE NOT WHE		[AT HOME, ST	N A	ARM, ETC.)	SIRCE	N				
	e E		22a.1 certify that (1) (this hosp	ital) attended th	ne deceased from_	Alul	16 1982	to NPV		19 82	_, that (I) (we) los	
	2 12		sow the deceased	d olive on	VW.	1.5 198	2 , 01	d that in (my) (our) opinion	deoth occurred or	the date and h	nour and from th	ne couses stated	
	E		771 SIGNATURE	a) (ala no	it view the body	offer deoffi.		DEGREE	-2.50		22c. DA	TE SIGNED	
T JI	=		1/4	26	m		/~	ATTENDING PHYSICIAN	MEDICAL DIRECTOR T	STAFF	11.	-15-82	
AB	Z		22d. PHYSICIAN'S MA	ME (TYP)	R PRINT)		10.00	22e. ADDRESS	DIRECTOR []	HI SICIAIN L		7. 2/26	
1000	M CK		ADUZF	-0	L L	OPEZ		RUXTUN :	TUNIFRI	1117		-	
4	<u> </u>	23a.	BURIAL, CREMATION, R				NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	N	. , , ,	1 310	
			Burial		11/1			n Park	Balt	NWO	COUNTY	MD STATE	
)		24 F	JNERAL DIRECTOR H	enry	W. Je	enkins &			LE REC'D. BY REGI		ISTRAR'S SIGN		
		.49	905 York	Roac	Balto	ADDRESS MD		212	UV 1 8 198	2 /2	angle	Court	
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FOR STATE			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI	ENE 8	2		2
REGISTRAR			CERTIFICATE OF DEATH		REG. N	NO.	
CEASED NAME	FIRST	MIDDLE	LASI	20 DATE	OF DEATH	ALCONT.	4

		REGISTRAR		CERTII	ICATE OF DEA		REG. NO	Э.		
1	(TYPE	CEASED NAME FIRST DOROT	THY I	C	ARTY	/	20. DATE OF DEATH	MONTH DAY	6 82	7 A M
3	3 SE		4 RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
5		female	white	Jan	. 7° 18	920	62	YRS.	52.73	min.
2		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MAR	RIED -	BALTIMORE CITY O	R COUNTY O	FDEATH	1
9		Maryland	U.S.A.	WIDOWE	D DIVOR	CED 🗆	Baltimore	County	1	MD.
5	Ro	andalls town	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Balto. Count	NURSING HOME C restreet address) ry Genera			12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O BOOKKEEP)		126 KIND OF INDUSTRY Corp.	BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME OF STATE NO COUNTY CO			13d INSIDE CITY I	LIMITS?	130. STREET ADDRESS 621 Stamf	ord Rd.	212	229
8	100	ATHER'S NAME AZvie	MIDDLE Etzler	ST	15. MOTHER'S MA Bertie		E WIDDLE	Whit	more	
2	Tipov Ž		VE WAR OR DATEST	18-9417	Mr. J. I	Philip	Carty Bal	UGIL	tamfor Md.	ed Rd. 21229
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE 4310 IMMEDIA) Conditions, if ony, which gave rise to immediate	nly ane cause per line faval). ED BY: TE CAUSE (a) DUE TO, OR AS A CON	SPIR	ATORY	/	ARRES	T	APPROXIM BETWEEN ON	ATE INTERVAL USET AND DEATH ATS HOURS.
	NO	couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION		NOT RELATED TO	THE TERMIN	nal disease or cont	DITION GIVEN	IN PART Ita	
1	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION	N WAS PERFORME	ED .	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	/ERE FINDING	OS USED OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR		Y OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB, PART	I OR PART 2)	
	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	TH LOCATION	0	CITY OR TO	NN 8.//	COUNTY	STATE
i	1	220 I certify that (I) (this hospi sow the deceased alive an abave, (I) (we) (did) (did no	11111	C-	d that in (my) (our	9 0 4 Opinion de	eath occurred on the do	te and hour ar		at (I) (we) last ouses stated
		Med Mos	Isin Alik	Hallan	PHY:	NDING SICIAN []	MEDICAL STAP		22c. DATE ST	5/82
1		SYED MOH.	SIN ALI F	HASSAN	OLD (OUR	T POAD	RAN	DALIS	TOWN
	23a B	URIAL, CREMATION, REMOVAL		23c NAME OF CI	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		OUNTY M	D-21133
		Cremation	11/18/82	Westvi	ew Cremai		Catonsvi	lle Ba	ilto.	MD
	24_FL	INERAL DIRECTOR Lorin	g Byers Funer	al Direc	tors	25a DATE	REC'D. BY REGISTRAR	REGISTRA	S SIGNATU	RE H
	87	728 Liberty Rd.	Randallstown	, Md. 2.	1133	NUV	181982	John.	In Can	rela

VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If them 21 is marked or them 18 shaws.

KESPIRATORY ARREST IS GTS MIKALEKEDRAL HEADMURAGE 18 HORKS 11/15/ 32 /3/11/ 82 11/18/ 82 SYED MURRIN ALL HASHIN OLD RECIET KEAD ENWALSEN S

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STATE OF MARYLAND

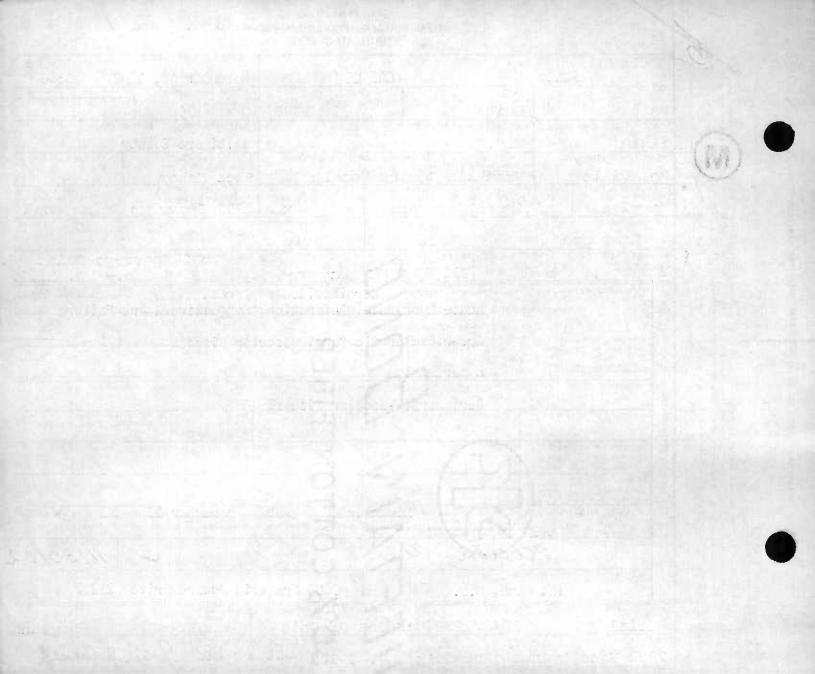
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15. 4)

7922 Wise Avenue



56	1-	fo. ade FOR STATE REGISTRAR	ded Film		DEPAR	TMENT OF	HEALT	MARYLAND H AND MEN CERTIFIC	NTAL HY		REG. N	2 7	9 5	9
	(TYPI	EASED NAME OR PRINT)	HERM		Isaac		_ CE	RNE		DEAT	E KNOWN X	HTMOM K		26 HOUR
\$ 35 F K	3. SEX	М	4. RACE White	DATE OF B	DAY YEAR 42	6 AGE (IN YILL LAST BIRTHE	RS.		HOURS	MIN PRONO	UNCED	MONTH	DAY YEAR	2d HOUR 2:35P
NECESSA FUNERAL SI FOR Y SMITHIN	FOI	RTHPLACE (ST	Tenn.	76. CITIZEN (USA	NTRY?		RIED NEVE	R MARRIEI DIVORCEI		timore		OPDEATH	MD.
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ANY C AND 3 RETAIN RECORD	13a, S1	RESIDENCE ATE Tyland	(IF IN NURSING HOME	OR OTHER INSTITUT	13c. CI	TE BEFORE ADMISS TY OR TOWN Altimor		13d. INSIDE CITY YES 🔀	NO 🗆	3 N. E	oress Port St	reet 2	1224	
DEATH. BEST OF THE SES I. 2. W. PM 3. W	F	THER'S NAME FIRST Tank		MIDDLE	Cei			15. MOTHER'	Gert	rude	MIDDLE S	4	rd LAST	
S ALTIMORE JRS AFTER DEA B. GIVE PAGES WITH FORM P DIVISION DE	IA. W	AS DECEASED S, NO, OR UNKNO Yes	EVER IN U.S. AR	MED FORCES?		5-40-56		Daug 1		rne 630	Aldwo			
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S CERTIFICATE SHOULD BE EXEC RITING THE WORD, "FENDING" RDED TO THE CHIEF MEDICAL E3 SHOULD BE USED AS A BUI TE DEPARTMENT OF HEALTH AN 101 PROR TO BURIAL, CREMATI	CERTIFICATION	190. DATE OF	OPERATION	19b. CC	ONDITION FO	R WHICH OPE	RATION	WAS PERFORM	ED?				20. AUTOPSY	? NO []
ON OF VITAL SHE SHE THE CATE SHE WOULD BE CARDED BE CARD		UNDERLYING	L CAUSE WAS	HQUI	ME OF INJURY R A.M. MONT. P.M.	# 109×812A		ubject		ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART	2)	
BIVISION OF VIT R: THIS CERTIFICATE SH TE, WRITING THE WOR SRWARDED TO THE R: PAGE 3 SHOULD BE LE E STATE DEPARTMENT C D, 21201 PRIOR TO BUR	MEDICAL	21d. INJURY C WHILE AT WORK	NOTALISM		ACE OF INJUR		211. LC	OCATION SPREET	2. 8	Bal	imore	Co., coy	arylan	d STATE
MEDICAL EXAMINE COUTE THE CERTIFICA GE 4 SHOULD BE FG FTUNEAL, WITH TH LIMORE, MARYLAN	/	220. I certification depth results ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRINT)	Dlun NAME	in Course	ns described al Acciden	S. S.	vicide _	, Hamicid	ecify) stant	Undetermined MEDICALEX Penn Sti	manner ,	DATE SIGNED	, <u>11–20–</u>	82
PP- BP- BP- BP- BP- BP- BP- BP- BP- BP-	G S	RE MA	TION, REMOVAL	23b DATE 11-21	0.	SAEE		OR CREMATOR	T	1077	L70.	COUNT	M	TATE
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3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH YEAR 26 HOUR I, DECEASED NAME MIDDLE (TYPE OR PRINT) Norman B. Chapman IF UNDER 1 YEAR IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH DAYS HOURS MONTH 1910 26. Male Negro June BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Va. Lutherville, Baltimore Go. USA WIDOWER DIVORCED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Lutherville St. Joseph Hospital Caretaker rarm USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimor Lutherwillerox Box 175 Marvland 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE FIRST MIDDLE , Benjamin Myers Chapman ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), and (c).)	APPROXIMATE INTERV BETWEEN ONSET AND D
PART I. DEATH WAS CAUSED	BY: CAUSE (a) Cardiopulmonary arrest	nur.
4241 Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) Aortic stenosis = CHF.	years.
gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	

20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19a DATE OF OPERATION

IN CERTIFYING CAUSES OF DEATH? NOF YES -216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21g. ACCIDENT WAS UNDERLYING MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

/11/21 22a.1 certify that (I) (this hospital) attended the deceased from 10/14/82 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated sow the deceased olive on. obave, (I) (we) (did) (did nat) view the body after death

22c. DATE SIGNED DEGREE 226 SIGNATURE Ques ATTENDING MEDICAL DIRECTOR | PHYSICIAN PHYSICIAN

22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

21204 Osler Drive. Towson. L.F. Awalt, 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE

Burial BP 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74

NOT WHILE

1701 McCulloh Street Harris Leroy

25g. DATE REC'D. BY REGISTRAR 25h-REGISTRAR'S SIGNATURE

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George J. Gonce F.H. 4001 Ritchie Hgwy.

STATE

DBMH - 16 50M 1/81

(VRA-15, 4)

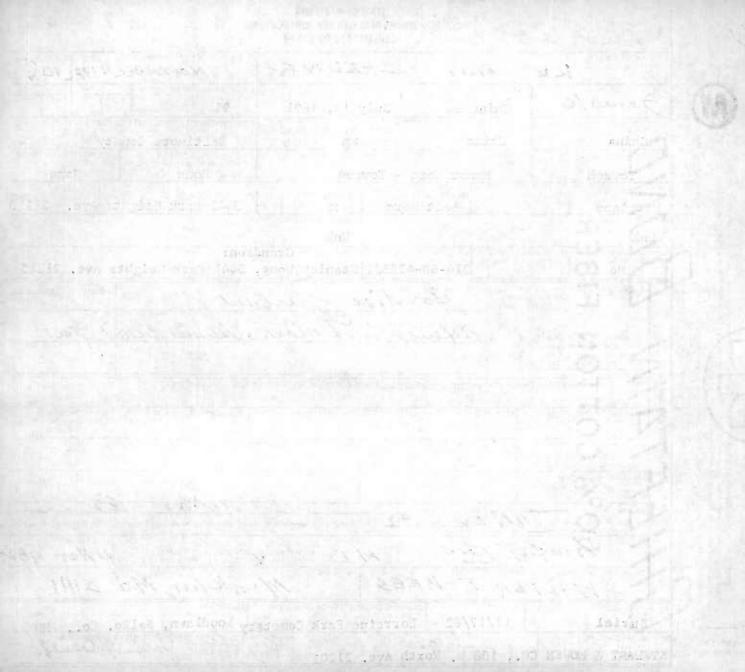
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND



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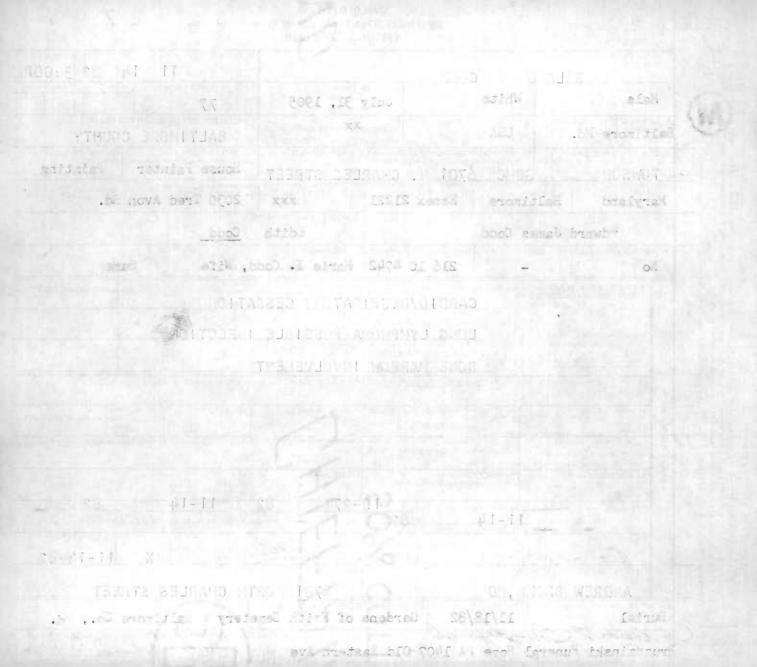
1-	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2. 7	9 6 5	
	CEASED NAME FIRST OR PRINT) ROLAN	D V COD		AST	20. DATE OF DEATH		26. HOUR 3:00PA	AA
3. SEX		* RACE White	5. DATE C	DF BIRTH 1905 AR	6. AGE (IN YEARS LAST BIRTHE	DAY) IF UNDER I		-
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Ma	TATE TYPIAND TATE Bal		TY OR TOWN 21221	134. INSIDE CITY LIMITS?	13e. SUREEL ADDRESS d	Avon Rd.		ij
14 FA	THER'S NAME THE DESCRIPTION OF	es Codd	LAST	15. MOTHER'S MAIDEN NAME of the second secon	Codd MIDDLE	20-1	LAST	
16a. V	VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES, G1		16 10 4742	Marie I. Coo	address	Same		
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TIFICATION	19a DATE OF OPERATION	196 CONDITION	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO			
MEDICAL CERTIFICATION	226 PHYSICIAN'S NAME (TYPE	HOUR A.M. M P.M. 210. PLACE OF INJ (AT HOME, STREET, FAC	IONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) osed from 10 leath.	211. LOCATION 211. LOCATION SIREET 214. LOCATION SIREET 216. ADDRESS 67.01 N.O.I.	2, to 11-14 depth occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	N COUNTY 19 220. AN [X] 11	82, that (I) was los in the causes stated DATE SIGNED -14-82	st
23a. 8	ANDREW BRO BURIAL, CREMATION, REMOVAL			EMETERY OF CREMATORY s of Faith Cer	23d LOCATION metery Balt			=

DHMH - 16 50M 4/82

(VRA 15, 4)

11/18/82

PA 1407 Old Eastern Ave



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6010 REISTERSTOWN RD. BALTO. MD 21215

FOR

(VRA 15, 4)

STATE OF MARYLAND

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BP DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR . DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

26. HOUR

12b. KIND OF BUSINESS OR

NO |

STATE

STATE

IF UNDER 24 HRS

IF UNDER I YEAR

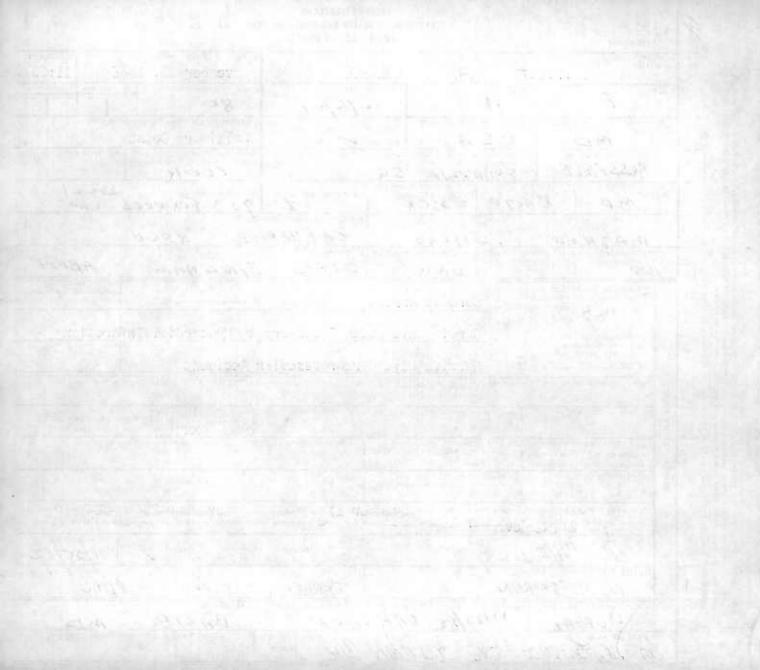
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COUNTY

22c DATE SIGNED

21221



4	١.	FOR STATE	DEP	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HY	GIENE 8 2 2	7969
10		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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4 mo	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
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4 35 86		OUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED		0
	10.6	IARYLAND TY OR TOWN OF DEATH	U.S.A.	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1/20///	0	- V	(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	
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3 + >05+		underlying couse lost.	Con Contraction	umatic Hear	+ DISCASE-	_
6 5 5 7	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART TIO
RECORDS.	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
TTENDING PHYSICIAN: The low repitol or attending physician. TOR, After this certificate has been for use as the burial-transit permit. If Health and Mental Hygene prior of Health and Mental Hygene prior Is marked or tem 18 shews any it.	E C	6/30/83	Sub elas no	1) Huma toma.	IN CERTIF	YING CAUSES OF DEATH?
NG PHYSICIAN: The I outending physicion. The I outending physicion. Wer this certificate ho os the burial-transit per thond Mental Hygiene and Mental Hygiene arked or them 18 shaftware or the shaftw	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
N OF VITA SICIAN: Th ng physicic certificate urial-transit entol Hyansit tem 18 sha		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
IVISION O OPPOSIC offer this cert s the burial nond Menticked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY	211 LOCATION		COUNTY STATE
DIVISION DING PHY After this e as the bu outhout	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY
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R ATTENDIN hospital or of health hed for use or health of Health hed for use or health of Health health them 21 is manner.		sow the deceased olive on obove, (I) we (did) (did)	body ofter death.		n death occurred on the date and hour	and from the couses stated
		226. SIGNATURE	Dody oner deorn.	DEGREE		221. DATE SIGNED
TAL OR A y the hor YAL DIRE detached ote Dept.		Chithey &	+ avrys	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/29/82
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TO HOSPITAL OF FEBRUAR BY The Should be deton with the Store LIMPORTANT: If		MATHONIUF	- CHRONI	4H 1801 1/e,	4th ORTH I'd	Bell 21234
76/7 283 3	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION -	COUNTY STATE
PP	1	SURIAL	12-1-1982	GARDENS OF FAITH	1 ESSEX BAI	LTO. MO.
DHMH - 16 50M 4/B2	24 F	INERAL DIRECTOR	0 = 4000	25a. DA	ATE REC'D. BY REGISTRATION REGISTI	RAP'S SMINATURE
(VRA 15, 4)	2	vans Ch	apel 880	O Harford From	30 1982	Le courselle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	8	2 REG. N	2.	7	9	7	0
LAST 20.	DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOU	R

to	1.	- STATE REGISTRAR				ICATE OF DEATH		G. NO.		
		CEASED NAME FIRST	MIDDLE		0	AST / >	2a. DATE OF DEA		DAY YEAR	2b. HOUR
1	1111	Edu	In M		6	OOR		11-	9-82	2:00PM
	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LA	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		MAIR	WhIT	E	8	13 1905		77 YRS.		
~	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	T COUNTRY?	8 MAPPIER	NEVER MARRIED	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
35	M	lary land	U.S.A.		WIDOWE		Baltime	ore Coun	ity	MD.
55		ity or town of death indalls town	11. NAME OF HOSP (IF NOT IN SUCH FACIL Balto. Cor	LITY, GIVE STREET AD	DDRESS)	ROTHER INSTITUTION Hospital	120. USUAL OCCU		12b. KIND OF INDUSTRY	F BUSINESS OR
35	USU.	AL RESIDENCE (IF NURSING HOME STATE MD 136 CO Bal	or other institution, give r JNTY to.	residence before a CITY OF TOWN OOD LOWN		13d INSIDE CITY LIMITS? YES NO 120	130. STREET ADDR	rchmont	Dr. 21	207
30	50	ather's Name George May	ihew . (Cook		15. MOTHER'S MAIDEN NA Bessie	Elizabe		Frantom	
1		WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	SOCIAL SECUR		17. INFORMANT				mont Dr.
1		VES NO OR UNKNOWN) [IF YES, C	70	05-03-5	127	Miss Virgini	a Normant	Baltim	iore, Md	. 21207
7	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION		BUTING TO DE	ATH BUT	PELATED TO THE TERM	200 AUTOPSY?	CONDITION GIV	EN IN PART 110 S, WERE FINDIN FYING CAUSES	GS USED OF DEATH?
diam	RTI		The same of the	1100		In How bluer occur	YES NO			NO 🗌
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.		YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE C	F INJURY IN ITEM 18 P	PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	IJURY ACTORY, OFFICE, FAR	RM, ETC)	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
		22a. I certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	on 11~ 9~	19 😪	7 , on	d that in (my) (our) opinion	deoth occurred on	the date and hou	or and from the a	
		226. SIGNATURE	shat		(DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN 📮	224. DATE S	7-CAL
1		22d. PHYSICIAN'S NAME (TYP	CLAL.			DID COL	or RD	1	rul jest	, ,
	23a. I	BURIAL, CREMATION, REMOVA	23b. DATE 11/12/82			emetery or crematory Park Cemeter	23d LOCATION y Balti		City	MD
12	24 F	UNERAL DIRECTOR Lord	ing Byers Fr	uneral	Chape	27 250. DA	TE REC'D. BY REGIS	R 256 REGIST	PAR'S SIGNAT	e e e

DHMH - 16 50M 4/B2 (VRA 15, 4)

8728 Liberty Rd. Randallstown, Md. 21133

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		CEASED NAME E OR PRINT)	FIRST	٨	VIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
	,,,,,		VERNO	N		CC	OOK . JR.		11 1	2 182	9:45A M
	3. SE	Х	4.	RACE		S. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
		Male	1071	White	2		e 12, 1905	77	YRS.	OITINS DATS	MUN.
1		IRTHPLACE (STATE OR FO	PREIGN 76.	CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D XXNEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
2		Maryland		U.S	S.A.	WIDOWE		BALTIMORE,	COUNT	TY	MD.
1	10. C	ITY OR TOWN OF DEAT	'H 11		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS OR
6		TOWSON	1				ARLES ST.	Broker	WORKII VO LIFE		urance
-		AL RESIDENCE (IF NUR	G HOME OF ON		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
0	147	ryland			Baltimo		YES 🖟 NO	6 Bellem	ore Ro	ad 2	1210
A		ATHER'S NAME	MID	Die	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
U		Vernon	MID	OCE	Cook,	Sr.	Jessie	Roger	S		inger
3		VAS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU		17 INFORMANT Wid	1000			
			WWI			725	Suzanne A. C	ook, 6 Bellemore Road 2			21210
Conditions, if ony, which gove rise to immediate				DUE TO, OF	RESPIRATO RAS A CONSEQUE CEREBRAL RAS A CONSEQUE ARTIAL FI	EMBOL	.1S				
	NOI	PART 2_OTHER SIGNI	FICANT CO	nditions <u>co</u>	DATRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVE	N IN PART 10	
2	CERTIFICATION	190. DATE OF OPERATION	ON	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOX		WERE FINDIN	
1		OR CONTRIBUTING CA	A ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. A			AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRE WHILE AT WORK AT WORK	ЕП	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	211. LOCATION STREET		CITY OR TOWN		COUNTY STATE	
		22a.1 certify that (1) (1) sow the deceased above, (1) (we) (did 22b. SIGNATURE	olive on	11/13	2 19 8		nd that in (my) (our) opinion of DEGREE				
1	Ů.	22d PHYSICIAN'S NA	ME (TYPE OR PE	Lak RINT)	•	a	ATTENDING PHYSICIAN [MEDICAL STAF		11/1	7/87
	PAMELA DRAKE, M.D.				GBMC - 6701 N. CHARLES STREET 21204						

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR:

O HOSPITAL OR ATTENDING PHYSICIAN: The law

should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval

MPORTANT: If Hem 21 is marked ar Item 18 shows any

Burial (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Druid Ridge Cemetery P

250. DATE REC'D.

NOV 1 24 FUNERAL DIRECTOR
STEWART & MOWEN CO., 108 W. North Ave. 21201

23b. DATE 11/15/82

BY REGISTRAR 9 1982

COUNTY

23d. LOCATION

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PARTE TE TE PROPERTY	E - 0-80		
7oCd ,-1.	codeneu egyla Sluud	11/15/82	intro-
	OLUMES .or venduo	NA ROI N. CO. BING	a Statement The

	1-	STATE REGISTRAR			DEPARI		ICATE OF DEATH		REG. NO	0.		
e 3 oth		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST TO THE REST		B DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
oy b	3. SEX	,	MAR	4. RACE	IELENA	5. DATE C	DRDI		November		1982	1F UNDER 24 HRS.
ge 4 m	J. 3E	Female		White	е		. 30°, 19°0		75	YRS.	MONTHS DAYS	HOURS MIN
orth. Pos	(RTHPLACE (STATE OR COUNTRY) New York			WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED		Baltimore city o	R COUNT		MD
Octif to	10. CI	TY OR TOWN OF DE	ĀTH	(IF NOT IN SU	HOSPITAL, NURSI CHFACILITY, GIVE STREE Regester	NG HOME C	OR OTHER INSTITUTION	N 1	2a. USUAL OCCUPATION TYPE OF WORK FOR MOST O	ON OF WORKING	12b. KIND C	F BUSINESS OR
124 hours filled in b could be fi	13a. S	AL RESIDENCE (# NUR STATE Naryland	136 COUN	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMI		e street address 737 Rege		Ave. 2	21212
ed within 24 mpletely fille ond 2 should	14 FA	THER'S NAME FIRST		MIDDLE	Cordi		15. MOTHER'S MAIDE	nname /ira	MIDDLE	C	Cape ce LAS	at .
BALTIMORE, cote be execut systicion and cot opers. Pages 1 vol. (v. f.		VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166 SOCIAL SEC 124 14		17. INFORMANT		C. Brist		Towson	n, MD
ST., BALT rtificate k physicio onpopers emovol.		PART I. DEATH V	VAS CAUSE	ily one cause per D BY: TE CAUSE (a)	cline for (a), (b), a	A .	Heart	Fa	ilure		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
I W. PRESTON hot the death ce by the attendin ose remove carb I, cremotion, or a		Conditions, if ony gove rise to im cause (o), state underlying cause	mediate ng the	(b)_	R AS A CONSEOU	JENCE OF	erotic He	eart	Dis case			
requires trequires trequires trespondents or to burio infury, or	NOIL	PART 2. OTHER SIG		CONDITIONS	ONTRIBUTING TO	Case	NOT RELATED TO THE	TERMIN				
he low on. he spermit ene principle on sony ones one principle ones ones ones ones ones ones ones one	CERTIFICATION	190 DATE OF OPERA	MOIT	196. COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WERE FINDI FIFYING CAUSES YES []	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Wher this certificate has been sig os the buriol-transit permit. Ther th and Mental Hygiene prior to orked or frem 18 shows any injur		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH (.M.	DAY YEAR	21c. HOW INJURY OF	CCURRE	ENTER NATURE OF INJUI	RY IN ITEM 18	B PART I OR PART 2)	
NO PHYSIC attending ther this cer so the burier hand Menricked or the	MEDICAL	21d. INJURY OCCUR	RED HILE DRK		OF INJURY REET, FACTORY, OFFICE,	FARM_ETC)	211. LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
ATTENDIII spitol or CTOR: A Ifor use of Heolis		22a certify that (1 saw the decease abave, (1) (1-2)					nd that in (my) (a) ap	ornion de	, toath occurred on the do	ote and h		that (I) (we) last couses stated
ITAL OR A the hosy the hosy the hosy the hosy the host detached thate Dept.		22b. SIGNATU	orge	Tal	a lle	(y)		ING IAN	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN [11/S	3/82
TO HOSPITA etoined by should be di with the Stori	3	Dr. Geo	0	Γaler,	M. D.		600 Ligh	ht S	t., Balto	. , N	ND 212	30
2 € E # 3 ≦	23a. E	BURIAL, CREMATION (SPECIFY) Bu ri al	, REMOVAL	23b. DATE 11/5/			emetery or cremate and Memor		23d LOCATION CITY OR TOWN Balto. (Co	COUNTY	STATE AD
DHMH - 16 50M 4/82	24. FI	JNERAL DIRECTOR	Henr	v W.	Jenkins	& Sor	ns Co. 25	O. DATE	EC'D. BY RECISIPAR		STRAR'S SIGNA	PRE

4905 York Road Balto., MD 21212

(VRA 15, 4)

Vavamasa s, 1982 Page	ro AMELIAN a	W.M.
80, 1907, 19	. dataorintw	a facility of the
Salti ware County	AEU	Moy vev
e Secretary Critical	777 Redester Avenu	
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Wrs. Fesing C. Enidov, Todan, MI	124 14 6165	c/ı
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Land and the second	The Land	
BOD Light St., Balto., NID 21200		Fr. Coorgo
of Marrorial Eules. Sc., July Marrorial		

The second state of the vow land to the second of the second state fnust be notified at once

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical

STATE OF MARYLAND

27974

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	10.	
Į	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Į.A.	ST	20. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR
H	Ruth			cill	Nov. 13,		1.8. M
Ì	3. SEX Female	4. RACE White	S. DATE OF		6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
				, 31, 7895 YEAR	87	YRS.	
d	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED	☐ NEVER MARRIED ☐		OR COUNTY OF DEAT	H
4	10. CITY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWE		Baltim		MD.
-	Woodlawn	(IF NOT IN SUCH FACILITY, GIVE S	ke Dr. Wo		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 136. COU Manuland B	NTY 13c. CITY OR		134 INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS	ake Dr. Wood	
	14. FATHER'S NAME	accombined wood		15. MOTHER'S MAIDEN NA		DRE DIL.WOOL	Mauri, I'll.
)	Unknown	Peterse		FIRST	nknown MIDDLE		LAST
	160, WAS DECEASED EVER IN U.S. AI {YES, NOTRUNKNOWN} JIF YES, GI	RMED FORCES? INE SOCIAL INE WAR OR DATES) 216-12	-6997	Mr. William	B. Councill,	7	1225 e. Balto. Md.
I	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per War for (a), th	and a	1/-	# 10:		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ı		TE CAUSE (o)	Venge	ne Near	1 duse	are	10 400
ı	2500	DUE TO, OR A ACTO	EQUENCE OF	- h. 10-	1	-	Com
ı	Conditions, if any, which gove rise to immediate	(p)	cause,	new	un		a gris
ı	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	EOUENCE OF				
i	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PAI	RT 1(o
	of fen	eralized a	Neur	Sclero	my .		
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. GONDI ION FOR WI	HICH OPERATION	WAS PERFORMED	YES NOT	206. IF YES, WERE FI IN CERTIFYING CAU YES T	USES OF DEATH?
1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR			NO
	00.00.00.00.00.00		DAY YEAR				
I	OK CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION			
ı	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TO	COUNT	TY STATE
ı	22a I certify that (I) (the sow the deceased alive or	uu		that in (my) (and opinion	deoth occurred on the d	3 . 19 52	n the couses stoted
ı	22b. SIGNATURE	ot) view the bady ofter death.		EGHEE		224. 0	DATE SIGNED
	Earl 1	. Chamby	en /	M D ATTENDING	MEDICAL STA	FF _ 11	115/85
1	22d. PHYSICIAN'S NAME TTYPE	OR PRINT)		22e. ADDRESS	001	0 -	9
	Farl	-e Chamb	ers	100-4.	Cold .	opining	Jan
	230. BURIAL, CREMATION, REMOVAL		23c. NAME OF CE	METERY OR CREMATORY	234 LOCATION	100/	STATE
	Burial	Nov. 16, 1982	Loudon	Park Cemt	Baltima	no Manu	.1

DHMH - 16 50M 4/82

(VRA 15, 4)

110v. 10, 1902 | Loudon

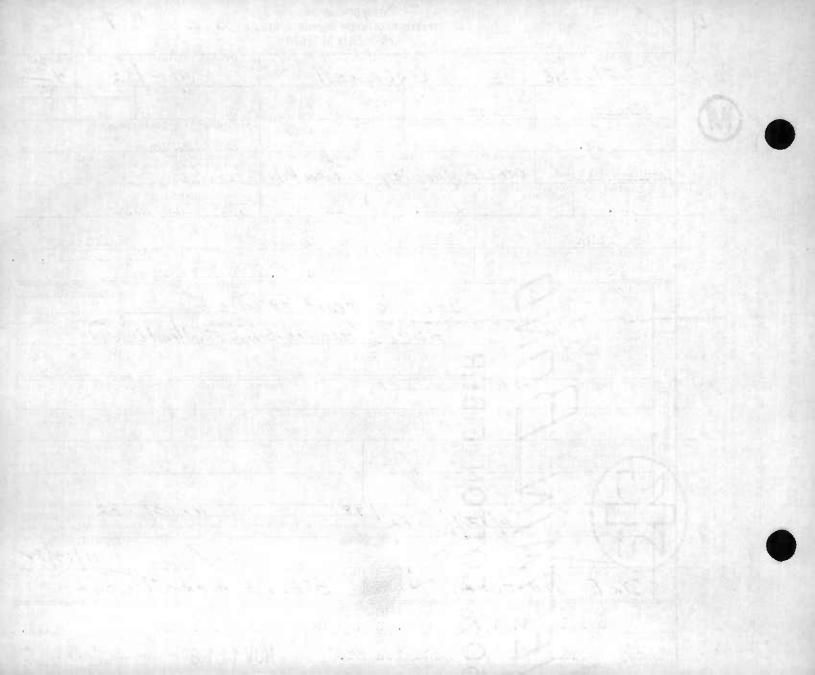
24 FUNERAL DIRECTOR
McCully Funeral Home, 237 E. Patapsco Ave. Balto

250 DATE REC'D. BY REGISTRAR 135 MIGISTRAR'S SECNATURE
NOV 1 5 1982

Samuel Samuel continue to the time and the second to the second to the continue to Marie Carlot Comment of the Comment Standard To Delicher T. gracell, and Jan. 1997. Angele Green Heart drawner 16 years The later material of the Frenchist College Helicary Best Call II and the season of the season of the English Chambers its W Gil Aproper weeks and the first state of the second second the true and were also reading our remains the seal has a little of his present and the

6HMH - 16 50M 1/81 (VRA 15, 4)

		FOR		DEPART		E OF MARYLAND HEALTH AND MENTAL HYG	B 2	27	97	5
	1-	- STATE REGISTRAR		DEFARIT		FICATE OF DEATH			13	
		CEASED NAME FIRST		MIDDLE		LAST	REG. N 20. DATE OF DEATH	O. MONTH DAY YE	AR Zb HOW	10
	(TYPE	Flo SSIE	F	0	ROM	111011	11	13/82	20 1100	m
	3. SE		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER ?	A HRS
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-		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY	YRS DR COUNTY OF DEAT	Н	
5	,	COUNTRY) Md.	US	Λ	WIDOW	D L NEVER MARRIED L	Baltimo	ore.		MD.
1	10 CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 126 KIT	ND OF BUSINES	
		therville	STELL	A MARISI	18501	ce-lowson Md.	Housewife	, , , , , ,	IRY	
1	130. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	EADMISSION	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2		Md.		Balto.		YES TO D	3315 Alt	co Road		
2	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		1241	
6		Frank		Hall		Sallie	Mode	Qui	ckley	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRI	ss Bigler	ville,	Pa.
		No				Bernice C.H	all Rd1 E	30x 68A		
	TION	Conditions, if ony, which gove rise to immediate cause (0.), storing the underlying cause lost PART 2 OTHER SIGNIFICANT (DUE TO, OI (c) CONDITIONS CO		ENCE OF	NOT RELATED TO THE TERMI		DITION GIVEN IN PAR		
1	CERTIFICATION	198 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAL YES	VDINGS USED USES OF DEATH	1?
0	CER	210. ACCIDENT WAS UNDERLYING			WO VE LO	21c HOW INJURY OCCURR				
1	CAL	OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA	YEAR 19	2				
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE	OF INJURY	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUNT	r SI	ATE
		220.1 certify that (1) (this hospi			8-26/	78 19 -		13/ 1982	, that (I) (we	-,
u		saw the deceased alive on above, (1) (we) (did) (did no	t) view the body	ofter death.		nd that in (my) (our) apinion d	leath occurred on the de	ote and hour and from	the couses stat	ed
	4	22b. SIGNATURE		1		DEGREE ATTENDING	MEDICAL STAI	FF .	ATE SIGNED	a
		22d. PHYSICIAN'S NAME TYPE C	OR PRINT)			PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	11010	
		DRE. NI	7 KtuD	A.		STELL	A MAR	is Mospic	e	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(Burial	11/17/	/82 Mt	t.Aul	urn Cemeter	y Westpo	ort	STA	ATE
	24 FL	UNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR			-
.0	L	eroy Harris	F/H 170)1 McCuJ	lloh	St. N	DV 1 6 1982	John of	1. Cancel	4



2 Harry number only

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X	4		FOR	DEPAR	TMENT OF HEALTH AND MENTAL HYC	HENE 8 2	21711
1	~ 10		- STATE REGISTRAR		CERTIFICATE OF DEATH		
	6 4					REG. NO.	
			DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	1 /2		ELMI	FRF	CREIDAEN JR	11	13 92 12.20PM
		2	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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	4 60	74	BIRTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	'? B	9 BALTIMORE CITY OR COUN	
	4. 12 8	5	COUNTRY)	14 5 A	MARRIED NEVER MARRIED	"DA	- 1 - 1 - 1
	D 1 480	0	MD.	u.s. A	WIDOWED DIVORCED	BALTIMOR	LE COUNTY MD.
	1 11 1	- 16	CITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
_	\$ 57 5	517	PAUDALLO	PAOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	TYPE OF WORK FOR MOST OF WORKIN	m Din and made Day Co
20	2 22 2		MW DAYP I GO W	DAKIP, CO. G.	IN. HOSPITAL	MAKE HUSE SUDE	KI TORI CITT MES
21	2 24 6	1	OUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS	
2	2 43 6	1		ALTO PIKESY	YES NO X	1201 GLENBAC	WAVE 21208
3	1 24 1	14	FATHER'S NAME	INTO TITLES	15 MOTHER'S MAIDEN NA		7110 34208
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¥ ¥	1 100		ELMER E	E. CRUDDEN	SR ELSIE	V. ADAM	3
ui	2 1 10 E	16	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS	
BALTIMOR	10 91			GIVE WAR OR DATES)	aril he write	107 20 00 00	(chuc)
	2 12 1		NO	1214-70-	-4561 MICHELLE	MI. CKUDDEN	(SAME)
¥	# 28-4"		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), a	and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
00	ficate sphysic spept movel		PART I. DEATH WAS CAU	SED BY:	RACHNOID HAR	MAROHACE	
ST	5 005 9	. 1	1 / - IMMEDI	IATE CAUSE (0) 545 AT	MCHIVOID HILL	MARKINGE	
PRESTON	nat the death carry by the ottendical see remove corresponding, of ather traumotics.		1 4300	DUE TO, OR AS A CONSEO	UENCE OF		
STC	deat otten tian,		Canditions, if any, which	1			
2	ne deat		gave rise to immediate	(b)			
*	the remo		cause (a), stating the	DUE TO, OR AS A CONSEO	UENCE OF		
>	by by ase al, cr		underlying cause last.	(c)			
201	gned I an plea burial	- 1	PART 2. OTHER SIGNIFICAN	I CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION	GIVEN IN PART 1(p)
DS,	a signe Then p to bui	- 13					
S	T. T.	7				Too	
Ö	been remit.	213	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
2	The lo	/ [5				YES NOT	YES \ NO \
T Y	CIAN: The lag physician. physician. prificate hos ad-tronsit per ntal Hygiene gem 18 shaws	\Box	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART LOR PART 21
>	Phys Phys Phys Phys Phys Phys Phys Phys	.0	OR COLUMNIA CALICE OF	LIGUE A LL LIGHTELL	DAY YEAR	(Elder throng or history at the	
ō	ding physicis certificate burial-tronsit Mental Hygin references them 18 sh	713	(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
DIVISION OF VITAL RECORDS,	¥ Very di	1	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
151	ond and ked a	1 3		(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY
2	DING PI After the cess the cells and morked		AT WORK				
	7 - ~ 5 0 %		22a. I certify that (1) (this has	spital) attended the deceased fram	, 19	, to	, 19, that (It (we) last
	RECTOR: red for us pt. af He		saw the deceased alive	on19.	, and that in (my) (aur) apinian	death accurred an the date and	haur and from the causes stated
	A ATTER haspita or haspita or hed for hept of h		22h. SIGNATURE	not) view the body after death.	DEGREE		22c. DATE/SIGNED
	the has I DIRECT DIRECT DIRECT DIRECT DEPT		4-1-2	1 // 1	ATTENDING	MEDICAL STAFF	1 1/1 = 1 -
			712466	A sugar	PHYSICIAN [DIRECTOR PHYSICIAN	11/3/87
	- 9 111 0 10 4		224 PHYSICIAN'S NAME (TO	E OR PRINT)	22e ADDRESS		7 7 7
	FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN		MATERIA	2 CUED	17717:0104	of Pallali:	1 85.00 110.00
	retained by to FUNERAL should be determined by the should be determined by the State with the State IMPORTANT:		MATTELL	1-1 5761	157411110X	C (04/V/7	OCIV HUSP.
	5 5 - 2 3 ₹1	2:	BURIAL, CREMATION, REMOV.	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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200	Obr	-	LIVAITIE	111-10 02 1)	KUID NOUE CEIRIEN	11176SVIIIE	LAINIZ IIID
	DHMH - 16 50M 4/82	24	FUNERAL DIRECTOR	f - to	district	TE REC'D BY REGISTRAR 256, REC	SISTRAR'S SIGNATURE
	(VRA 15, 4)	- 11	RANK A NEWEL	LINC IMPREIS	TERSTOWN RD NOV	1 0 1305	- Country
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James S. Kirkley F.H. Glen Burnie MD.

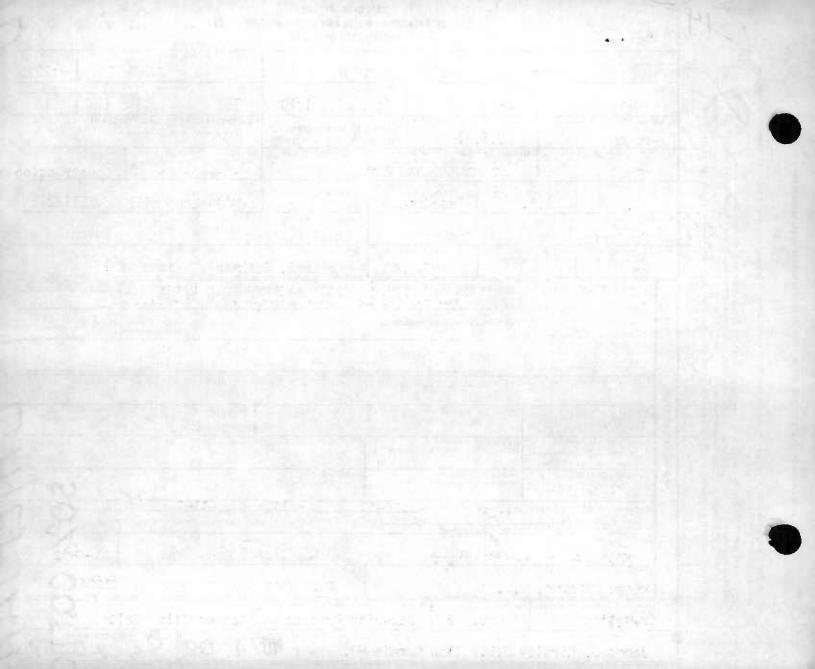
- STATE

(VRA 15, 4)

REGISTRAR*

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

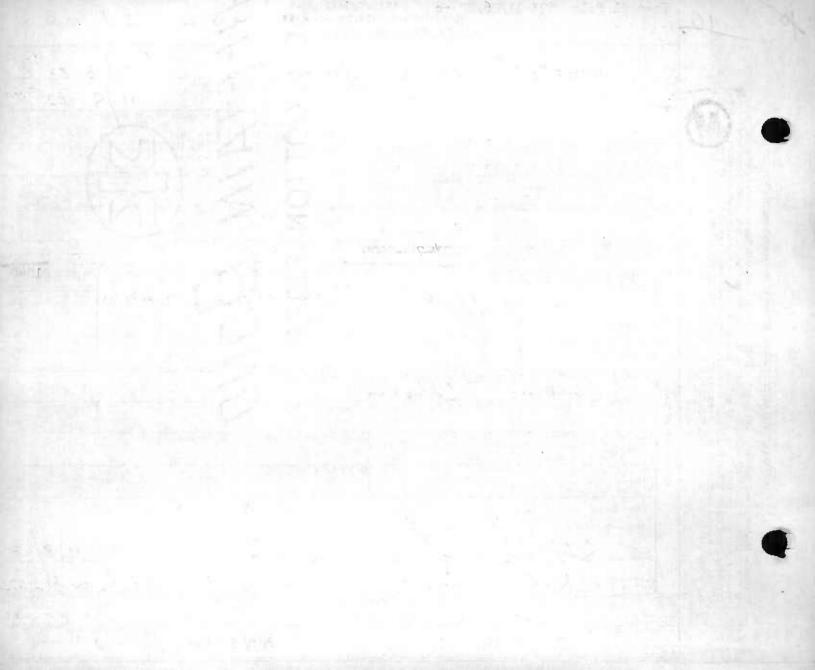


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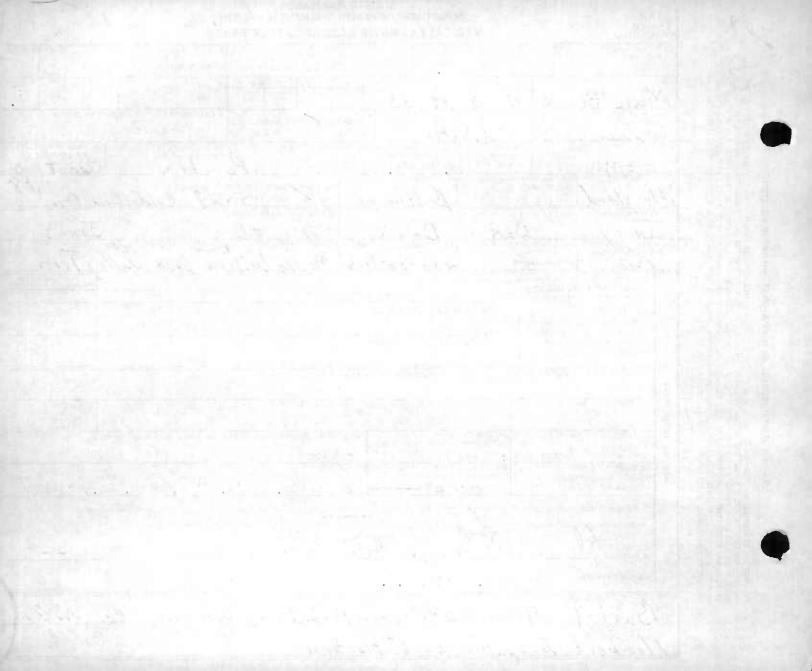
CX	1.	REGISTRAR			CERTII	ICATE OF DEATH	REG. NO.		
-		CEASED NAME FIRST E OR PRINT)		MIDDLE		AST	26. DATE OF DEATH MONTH November 13	DAY YEAR . 1982	26 HOUR AT
-	3. SE	Virgi	4 RACE	J.	IS DATE	DE BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Sec.	J. J.				MONT	H DAY YEAR		MONTHS DAYS	HOURS MIN.
VI)	-	Male	Whit		Oct.	9, 1894	88 YRS.		
500	₩. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT		
-	1	Maryland		S.A.	WIDOW	DIVORCED [Baltimore Cou	nty	ME
De la constante de la constant	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		F BUSINESS OR
5	1	'owson					Retired Policema		
9 6	USU	AL RESIDENCE (IF NURS HO WE	OR OTHER INSTITUTION	, GIVE RESIDENCE BEFO	RE ADMISSION	ital			
15		STATE NO.	UNIY	Baltin		136 INSIDE CITY LIMITS?	3100 Pelham Ave	P= 7+0	MD 2727
		ATHER'S NAME	-	Darcin	101.0	15. MOTHER'S MAIDEN NA		. Dailo	140.2121
DN)	FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAS	a _
CH	-	Henry		Dade		Margaret		Shai	rkey
og /		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS		
E			WI	216-36-	9107	Marguerite H	yle,6417 Brook At	re. Balt	:OMD2120
		18. CAUSE OF DEATH (Enter	anly one cause pe	r line for (a), (b), a	nd (c).i			BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAU	SED BY:	Gran v	. 7.	ue osposio			Rue,
e u		1950 IMMEDI	ATE CAUSE (0)		0	/ ()			
OE .		Condition of any his	DUE TO, C	R AS A CONSEOL		: A do not	eli.	130	~
tro		Conditions, if any, which gove rise to immediate	(b)_	Carr	nem	2 0 / 1000			9
		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEOL		· lal	~2010.	12,	10
5		charrying coose ross.	(c)	core	war	nen 0 1000	72-00		7
· Au	7	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GI	VEN IN PART 1	3.
	CERTIFICATION								
n	CA	190. DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED		S, WERE FINDIN	
and the same	=	10/30/82	0	accus	ra)	bloodder + pla	YES NO Y	ES 🗌	NO 🗆
	8	210. ACCIDENT WAS UNDERLYING	110110	OF INJURY M. MONTH [DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
Te d	4	OR CONTRIBUTING CAUSE OF D	PEAIN	.M.	19				
5/	MEDICAL	216. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY	STATE
	¥	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE	, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	-11-10	t described from	10%	1082	11/13	1065	ab-City)
		22a. I certify that (1) (this has			82/.0	and about in (may) (our) expinion	death occurred on the date and ha	19	rhos (II) (we) los
		sow the deceased alive obove (I)(we) (did) did	not view the body	ofter death.	, 0		dediti decorred on the dole ond ho		
		22h. SIGNATURE				DEGREE	MEDICAL STAFF	22c. DATE	SIGNED
		Mou	uli)		1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/12	5/82
1		226 PHYSICIAN'S NAME (TYP	E OR PRINT)		- 170	22e ADDRESS	0		
5		DAVID	1 6	LLIS		1134 YORK !	ED - LUTHERVIL	LE, MD	21093
MPORTANII	23a	BURIAL CREMATION REMOVA	<u> </u>	· · · · · · · · · · · · · · · · · · ·	NAME OF C	EMETERY OR CREMATORY	236 LOCATION		
		(SPECIFY)					CITY OR TOWN	COUNTY	STATE
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32			. T	ADDRESS	. 1/	WOV	1 5 1082 Jack	The Colo	all.
	1	Geonard J. Ruck	c, Inc. I	salt1more	e, Mar	grand 1000	TO BOL	U	

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	AL HEN	-		is, if any, which te to immediate	(b)						U		0-153	
	* YZZEZŐ		couse (o)	stating the under-	DUETO	O, OR AS A COI	NSEQUENCE O	F				7 101	13.17	
	DIVISION OF VITAL RECORDS, 201 W. PRES S. CERTIFICATE SHOULD BE EXECUTED WITHIN BITING THE WORD "PENDING" IN PENCIL IN BEDED TO THE CHIEF MEDICAL EXAMINER. R. S. SHOULD BE USED AS B BURIAL. TRANS PEPERARTMENT OF HEALTH AND MENTAL IN DI PRIOR TO BURIAL, CREMATION, OR REM		lying cou	se to st.	(c)_								4	
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	MEDICAL EXAMINER ECUTE THE CERTIFICAT GG 4 SHOULD BE FOR FUNERAL DIRECTOR: TER DEATH, WITH THE ATTIMORE, MARYLAND		EXAMINER'S I	NAME K	5. 61	HLU	WALI	1 / A	DDRESS 211	12,1)undel	12 Ar	Ball	21222
	PAGE PAGE		URIAL, CREMAT	TION, REMOVAL 2	3b. DATE	23с.	NAME OF CEM			23d. LO	CATION	COUNT	,	TATE
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	V	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 7 9 8 4
1	1	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.	NO.
10		1. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	
	(馬根人)	(70	(Other)	OF ESTI-	
	/ 3388EE	-	Edward	M. Davis DEATH MATED	11 21702 M
	WHITE TE	1 SE	L RACE 5. DATE MONTH	OF BIRTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	MONTH DAY YEAR 2d HOUR 2:00
	NASSES.	1/	Tala Black 103	18 49 33 YRS. DEAD	11 3 1982 p.m
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-	品表页 E 张	18	HEIGH COUNTRY)	MARRIED PNEVER MARRIED Baltimo	ra County
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8	SE S	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES, NO, OR UNKNOWN) (15 YES, GIVE WAR OR DATE	CES? 166. SOCIAL SECURITY NO. 17. INFORMANT BACTO: ADDRE	ss mo.
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ST.			18 CAUSE OF DEATH (Enter only one cou PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
N	24 HOU TEM 1: ONG PERMI SIENE, VAL.		9660 IMMEDIATE CAUSE		
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۵	THIS C WARD PAGE STATE I	1	WHILE NOT WHILE X	rear of 6212 Balto. Nat'l. Pike,Ba	Ito. Co. Maryland
	E. THIS C FE, WRIT RWARDE RWARDE PAGE 3 STATED 5, 21201				
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	ME BUE		death resulted from; Natural causes	Accident , Suicide , Hamicide XX Undetermined manner	J.
	A K B C H K		11- 1	TITLE (SPECIFY)	
	AN THE		ACTUAL SIGNATURE	Assistant MEDICAL EXAMINER	SIGNED 11-4-82
	SER SE				3101120
	WED STANDE		EXAMINER'S NAME Dennis	F. Smyth, M.D. ADDRESS 111 Penn Street	
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	22. 0	ALL CONTROLL	ADDRESS	
10.1	7	234.6	URIAL, CREMATION, REMOVAL 236 DATE	CITY OR TOWN	COUNTY STATE
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	(VR A15 ME (5))	1	Herbert L. M.	ther 3035 W. Narth (MINUV 8 1982 1982	- coming
	20M 4/82		1	VIIV. CE. TV IV. I W. TI	



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(VRA 15, 4)

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John T. Williams Funeral Home Brunswick, Md DEC 8

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

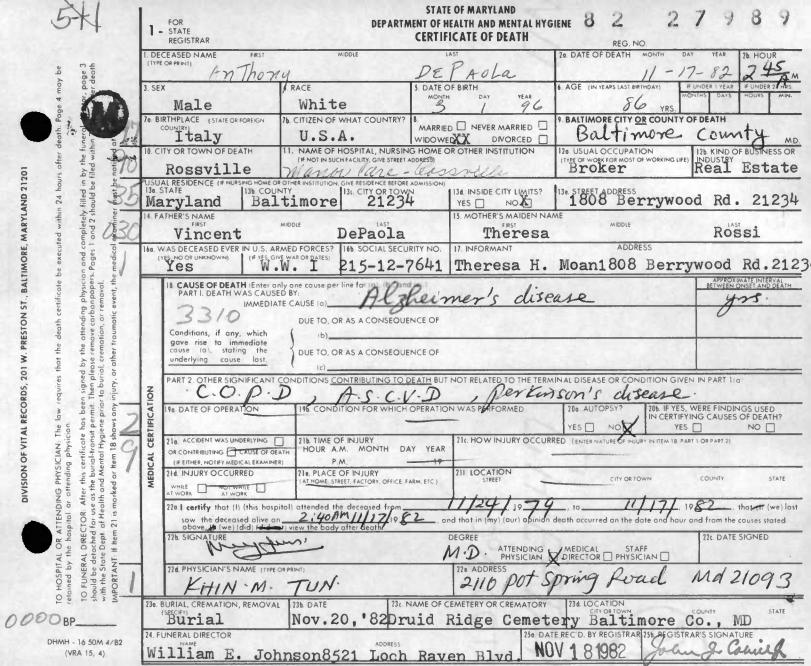
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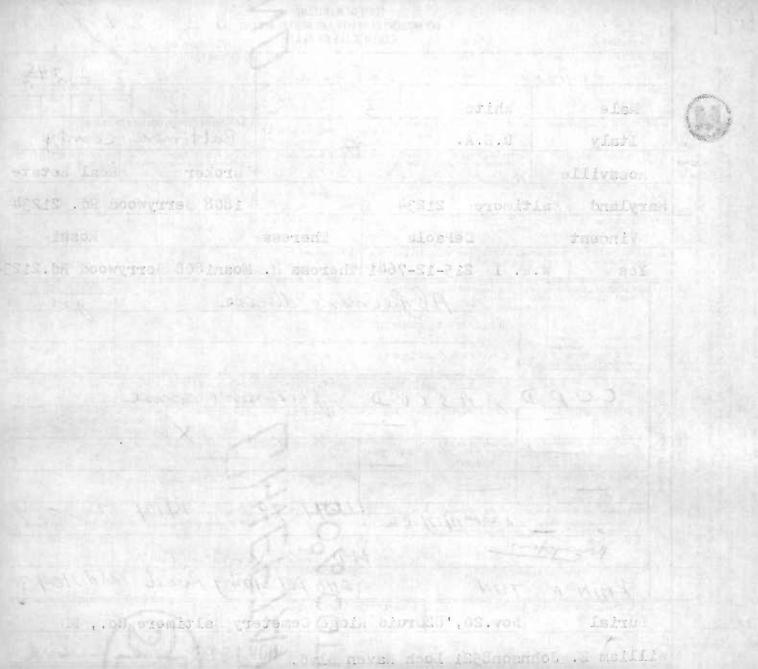
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9 (1)		MALE	WHITE	8	3/ 1927		YRS.	
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death.		MD.	U.S.A.	WIDOWED	DIVORCED [BALTIMORE	COUNT	Y MD.
he fu	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	NURSING HOME OR	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		F BUSINESS OR
5 of filed of the control of the con		NINGS MILLS	1129 WILLOU		R. 21117	MAILMAN	FED.	Gov. T
213 d in d be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR	R OTHER INSTITUTION, GIVE RESIDENTY	NCE BEFORE ADMISSION) OR TOWN 113	IN INSIDE CITY LIMITS?	13e. STREET ADDRESS		APT3B
AN 24 Miles			TIMORE OWING		YES NO		DBEND DR	21117
RYL Aithir	14. FA	THER'S NAME	WIDDIE		MOTHER'S MAIDEN NA	ME	1461	
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MORE, and co		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	AL SECURITY NO. 1	NFORMANT	ADDRESS		CHANGE OF
IMO	. ,	No	215.	-22-4279	DOLORES DE	EFILLIPPI 1/80	OMANOR R	D 21057
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o White Signature of the signature of th	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM FIC.)	11. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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TITEN Spitol For Of H		sow the deceased alignor of above. (1) we) (did) (did no	view the body ofter deat	h. 19 <u>82</u> , and	that in (our) opinion	death occurred on the date or	nd hour and from the c	couses stated
. hos A Post Per		22b. SIGNATURE	.()		GREE		22c. DATE S	
PITAL (by the ERAL Cedetor Store EANT: If	100	De Vill	Lune	10	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		17-82
HOSPITAL ned by the FUNERAL side be detailed by the Stote operant.		22d. PHYSICIAN'S NAME (TYPE O		2	2e ADDRESS	10 +0	0 0 01	10 Å
	1	CESAR V. E	AVERO	CITAL	5310 Ota	& Court Ro	K - Kuntel	15 000 21
To retor		URIAL, CREMATION, REMOVAL		231. NAME OF CEM	NETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP	1	BURIAL.	11/20/82	DULANEY	VALLEY	COCKEYSVILLE	BALTO	mo
DHMH - 16 50M 7/77		INERAL DIRECTOR			25a. DA1	TE REC'D, BY REGISTRAR 256. R	EGISTRAR'S SIGNATI	JRE .
(VR A 15 (4))	FI	RANK H. NEWE	ELLENC. I'M	PREISTERS	TOON RD. N	NV 1 0 1982	John Jol	shelf

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1		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST	- 1	MIDDLE		AST	26. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR	
785		ON PRINTY	IRENE		M J.	DERKI	N	EFEC.	11-15-82	2:15	a
7	3. SE.		4.	RACE		5. DATE (6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	_
AD .	4	FEmale		White		Marc	ch 8, 1906	76	YRS.		
101		RTHPLACE (STATE OR FOR	REIGN 7b.		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED		OR COUNTY OF DEAT	Н	
3		Maryland		U.S.A		WIDOW			E COUNTY	M	_
S. S		TY OR TOWN OF DEATH		ST JO	OSEPH HOS	PITAL	DR OTHER INSTITUTION	120. USUAL OCCUPAT STYPE OF WORK FOR MOST OF Retired A:	ON 12b. KIN INDUS TE Instruct	ND OF BUSINESS OF STRY LOT	}
36	13a. S	AL RESIDENCE (IF NURSING TATE 1.	SHOWE OF OT	HER INSTITUTION.	13c CITY OR TOW Baltimo	N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3305 Gibi	bons Ave	21214	
2	14. FA	THER'S NAME	MID	DDLE	LAST	100	15. MOTHER'S MAIDEN NA	ME		(AST	
OKO		Pasquale	?		Moscati		Rosetta	MIDDLE	Roman		
Jico /					16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
E		No	(# 123, 6.12	an on party	0653-9	9028	Mr Adrian Mo	oscati	Same		
t, the		18 CAUSE OF DEATH	(Enter only	one couse per	line for (o), (b), one	d (c).)	TEMPENDEN'T		BETW	PPROXIMATE INTERVAL	
vent					CARCINOM	TATOS	SIS PRIMARY	IN PANCRE			
tic e		1577	MALDIAIL								Ī
5 5		Conditions if any	which	DUE 10, O	K AS A CONSEQUE	ENCE OF					
100		gove rise to imme	diote	(6)		- 11 1 1					ī
Be				DUE TO, O	R AS A CONSEQUE	NCE OF					
8				(c)							=
(in)	Z	PART 2 OTHER SIGNIF	FICANI CO	NDITIONS <u>CC</u>	SMIKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PAR	(1 110)	
5 k 7	CERTIFICATION	100 DATE OF OPERATIO	DN .	TISK COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIR	NDINGS LISED	-
2 4 /	5	THE DATE OF CIERAIN		170. CO. 10	morrok when	OI ERATIC	TO THE OWNER		IN CERTIFYING CAL	USES OF DEATH?	
81	EM	A1- ACCIDENT WAS UNDER	IVING E	215 THAT O	E INTUDY		21c. HOW INJURY OCCUR	YEX NO	YES 🗆	NO 🗆	_
186	100					AY YEAR	ZIL NOW INSORT OCCOR	KED (ENTER NATURE OF INJU	JET IN HEM IS PART I OR PAR	11 21	
1/	5					19					_
00/	MEDICAL			(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	OWN COUNT	TY STATE	
al a	1	AT WORK AT WORK									
		22a.1 certify that Xi (t	his hospital	ottended th	e deceosed from_	00 10	-31 19 82		19_82	, that XI (we) los	59
5		sow the deceased	alive on	11-1.	ofter depth	04,0	nd that in (my) (our) opinion	death occurred on the d	ote and hour and from	a the couses stated	
		226. SIGNATURE	10	view inc body	one deom.	-21	DEGREE		22c. C	DATE SIGNED	ī
*		(4)	120	4	S. L	D	ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN []	11/15/82	,
47		22d, PHYSICIAN'S NAM	AE STELOR PI	RINT)	1 100	7	220. ADDRESS	_ DIRECTOR FITTST		11/15/02	-
PORT.	bw.		1		717 1/10		7600 7	ODY DOAD HO	NICON ND 01	204	
3	the same	VAS DECEASED EVER IN U.S. ARMED FORCES? (16 SOCIAL SECURITY NO. 0653-9028 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), CARCINOMATOR Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 190 CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE OF OTWHILE AT WORK A			ORK ROAD TO	MOON MD 21	.204	=			
			EMOVAL		The second second	NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE	
_				11/	17/82	Mos	t Holy Redeem	Balti:	more, Maryi	land	
M 4/82	24. FI				ADDRESS		250. DA	TE REC'D. BY REGISTRAF	256. PEGISTRAR'S SIG	NATURE	
4)			not T	na Pa		M = 20	7-2-7	UN TO 1205	10 mil	1 000000	

Leonard J Ruck Inc. Baltimore, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

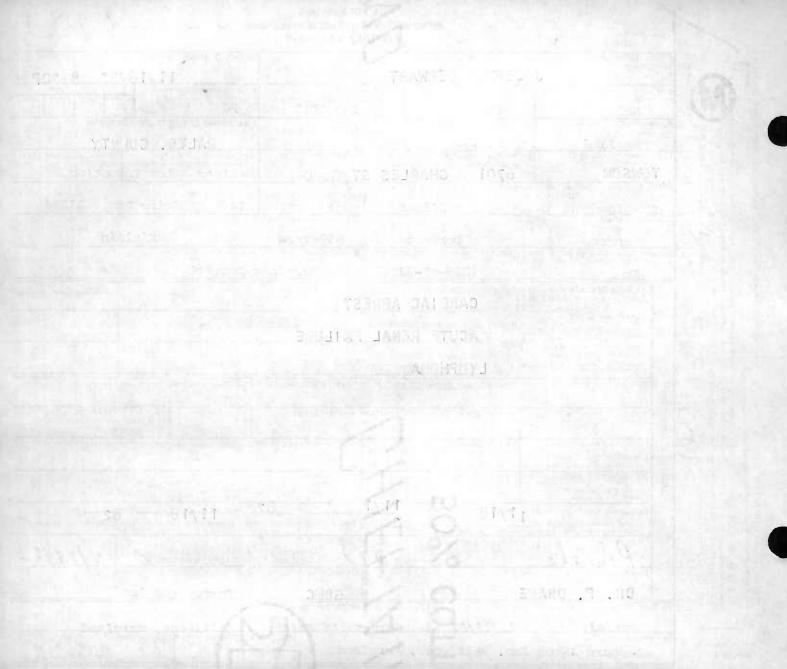
	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(ITPE	J.	OSE PH	G DERWA	RT			11/18	3/82	8:20P M
	3. SEX	X	4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		Male	White			10, 1912	70	YRS.	DA13	MIN.
4	To. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
2		Maryland	U.S	.A.	WIDOWE	**	BALTI	0.00	TINTY	MD
1	10. CI		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND (OF BUSINESS OR
d		OWSON	6701	N CHARL	ES S	ST GBMC	Retired Sa			
e	13a. S	AL RESIDENCE (IF NURS ME OR O		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2	-	Maryland		Baltimo	re	YES X NO	2806 Kild	aire	Dr 2	21234
ı,	14. FA	THER'S NAME	AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LA	AST
O		Andrew	M	Derwart		Theresa		Kin	lein	
'n		VAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
b		NO	WAR OR DATES!	215-07-1	196	Mrs Virgini	a Derwart		Same	
		18 CAUSE OF DEATH (Enter and	y ane cause per	r line far (a), (b), and	d (c), l				BETWEEN	XIMATE INTERVAL
		PART I. DEATH WAS CAUSED	S DW	CARDIAC		EST				
		2028 IMMEDIATI	E CHOOL (G)	R AS A CONSEQUE						
		Canditians, if any, which		ACUTE RE		FAILURE				
		gave rise to immediate cause (a), stating the		100000000000000000000000000000000000000		TATEOTE				
		underlying cause last.		YMPHOMA	NCE OF					
		PART 2 OTHER SIGNIFICANT C			EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	/EN IN PART 1	la:
	Z									
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
-			7 7 190				YES T NOT		YING CAUSES	S OF DEATH?
3	ER I	210. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	1	21c. HOW INJURY OCCURR				
		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA						
	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	21e. PLACE	M. OF INJURY	19	21f LOCATION				
	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM, ETC J	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this haspit	ali alteridio	ne deceased fram_	11/1	. 19. 82	, ta11 /10		1900	, that (I) (we) fast
d		saw the deceased alive an abave, (I) (we) (did) (did nat	1 . 7	19	32	nd that in (my) (our) apinian o	death accurred an the d	ate and hav	or and fram the	e causes stated
		226. SIGNATURE	view me oddy	direr dedin.		DEGREE			22c. DATE	ESIGNED
		Pluralo			lu	ATTENDING PHYSICIAN	MEDICAL STA		111	18/82
V	1	224. PHYSICIAN'S NAME (TYPE OF	R PRINT)	P. 1. 1533	V	22e. ADDRESS			1	/
		DR. P. DRAH	(F			GBMC	Towson N	larula	and	
-	23a B	BURIAL CREMATION REMOVAL		23c N	IAME OF C	EMETERY OR CREMATORY	1236 LOCATION	aryra	esta	

(VRA 15, 4)

DHMH - 16 50M 4/82

Gardens Of Faith

Burial 11/22/82 Gardens C 14 FUNERAL DIRECTOR
Leonard JRuck Inc. Baltimore, Maryland



DEC 8

MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

(VRA 15, 4)

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WIDOWEDCA

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

November 10, 1982

IF UNDER 24 HRS

- STATE TYPE OF PRINTS 3. SEX

nedico

18

or Hem

REGISTRAR 1. DECEASED NAME Female

70. BIRTHPLACE (STATE OF FOREIGN

Italu

Rockdale

Maryland

4. FATHER'S NAME

Joseph

NO OR UNKNOWN)

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if ony, which gave rise to immediate couse (a), stating

underlying cause

19n DATE OF OPERATION

216 INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

CERTIFICATION

MEDICAL

10. CITY OR TOWN OF DEATH

R.4. RACE White

8109

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Baltimore

MIDDLE

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a) by and (c

IMMEDIATE CAUSE (a

Reina

U.S.A.

MIDDLE

FIRST

Mary

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Rockdale

LAST

16b. SOCIAL SECURITY NO.

219-32-0098D

Subet

5. DATE OF BIRTH MONTH December 29. MARRIED NEVER MARRIED

YES T

17. INFORMANT

13d. INSIDE CITY LIMITS?

NO I 15. MOTHER'S MAIDEN NAME

DiCrispino

1900

Josephine

9. BALTIMORE CITY OR COUNTY OF DEATH

13e. STREET ADDRESS

A AGE (IN YEARS LAST BIRTHDAY)

Baltimore

County (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

126, KIND OF BUSINESS OR Artist and Poet

IF UNDER 1 YEAR

21207

8109 Subet Road MIDDLE LAST Longo

Miss. Josephines Di Crispino 21207

8109 Subet Road Balto.MD. APPROXIMATE INTERVAL

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21h. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M. MONTH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

DAY YEAR

19

DEGREE

231, NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

211. LOCATION

, and that in (my) (our) opinian death occurred an the date and have and from the causes stated

20n AUTOPSY?

CITY OR TOWN

NO

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22h SIGNATURE

Ginsberg

m.0

22e. ADDRESS

ATTENDING

5310 old Court Road

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Baltimore City, Maryland

77c DATE SIGNED

(VRA 15, 4)

should be deta MPORTANT:

DHMH - 16 50M 4/82

Jetome H.

230. BURIAL, CREMATION, REMOVAL

Burial

11-13-82 24. FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, MD. 21133

23b. DATE

220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased olive on abave, (I) (we)(did) (did nat) view the bady after death

236, LOCATION

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STATE OF MARYLAND

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Dr. Frank Samuro, W. ID. L. Do Eroadiread, Cockeysvills, MD

Eurial 12/2/22 Modelayn Modelayn, Balto., ME

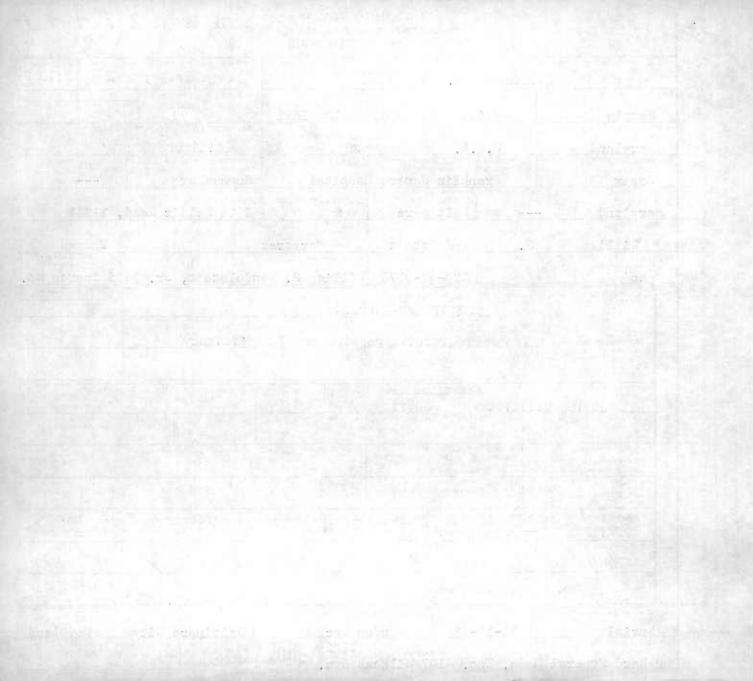
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STATE OF MARYLAND

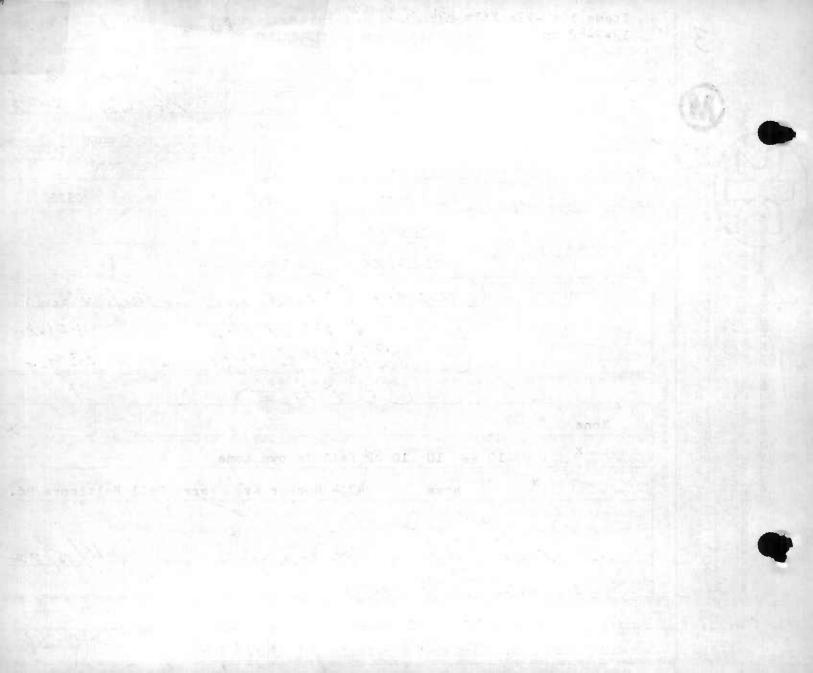
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



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WAS PALE	7a BI	RTHPLACE (S REIGN COUNTRY) Ohio			CITIZEN OF W	HAT COUN	TR	8. MARR	IED NE	VER MARRI		9. BALTIMO				1
FLAY 15 NOTE FL. PAGE 5 SE FLED.		TOWSON	OF DEATH	11 S1	NAME OF HO	SPITAL, NU ACILITY, GIVE S 1 HOS]	RSING HOME TREET ADDRESS)				12a. USU	JAL OCCUPA MOST OF WORKIN	TION (TYPE		b. KIND OF	BUSINESS JSTRY
ZIZOI ANY D VND 3 RETAIN COULD ECORE	13a S	IL RESIDENCE TATE Tarylan	13b	HOME OR OT COUNTY	THER INSTITUTION, G	13c. CITY	BEFORE ADMISSION OR TOWN	N)	13d INSIDE CI	NOX	13e STR	EELADDRESS 234 Me	s cker .	Ave	212:	36
RE, MD.	14. FA	THER'S NAME		?	NDDLE	Paw.	last 1ik		15. MOTHE	R'S MAIDE	N NAME	? MIDI	DLE		LAST	
JRS AFTER DEA JRS AFTER DEA WITH PAGES WITH FORM P F. PAGES 1 AP DIVISION OF	16a. V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U	S. ARMED	FORCES?	1110	-20-257		17. INFORM	Doro	thy (Clark	ADDRESS	Sai	me	
201 W. PRESTON ST. UTED WITHIN 24 HOL IN PENCIL IN ITEM 16 EXAMINER ALONG STAL-I RRANIST PERMIT D MENTAL HYGIENE, ON, OR REMOVAL.	>	Canditia gave ri cause (a) lying cau	ns, if any, se to imm stating the ise last.	which ediate under-	(b) DUE TO, OF	AS A CON FAC (AS ACON	NSEQUENCE C	les	Ken de	e fe ft fsc	He VX	for	y Fa	relu	4-5	WATE INTERVAL INSET AND DEATH UNDER AND DEATH UNDER AND DEATH UNDER AND DEATH
RECORDS, LD BE EXEC PENDING, MEDICAL O AS A BUM IEALTH AN CREMATIL	NOIL	PART 2 DINER SI			TRIBUTING TO DEATH		0	5	PA		RT I (a).					
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DIVISION OF VITAL RE R: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PER RWARDED TO THE CHIEF M R: PAGE 3 SHOULD BE USED A R: PAGE 3 SHOULD BE USED A D. 21201 PRIOR TO BURRIAL C	WED	WHILE AT WORK		LE 🄏	21e PLACE STREET, FAC	home			CATION SUREET 4 Mec	ker /	Ave	Perry		l Bal		re Md.
TO MEDICAL EXAMINER: 1 PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: A AFTER DEATH, WITH THE S! BALTIMORE, MARY CAND		22a. I certi death result ACTUAL SIGNATURE	-	charge of	f the remains de	Accident		Autor	Hamic	Inspection	Undet	Inquiry Exermined man	ner .	DATE SIGNED.	ian	182
TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIME	23a. BI	EXAMINER'S (TYPE OR PRI URIAL, CREMA	N	VAL 23b.	DATE	1230	NAME OF CEA	AETERY C	OF CREMATO	ORY	[23d. LC	CATION				
000BP402	(5	Buria UNERAL DIREC			11/18/82	E	Toly Re		er		Bal	rtown Fimore REGISTRAR	Isb. PETT	COUNTY		STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80		Leonard	J Ru	ck Ir	nc. Balt	imore	, Mary	land		NO	V 1	6 1982	10	and	h lah	neg



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

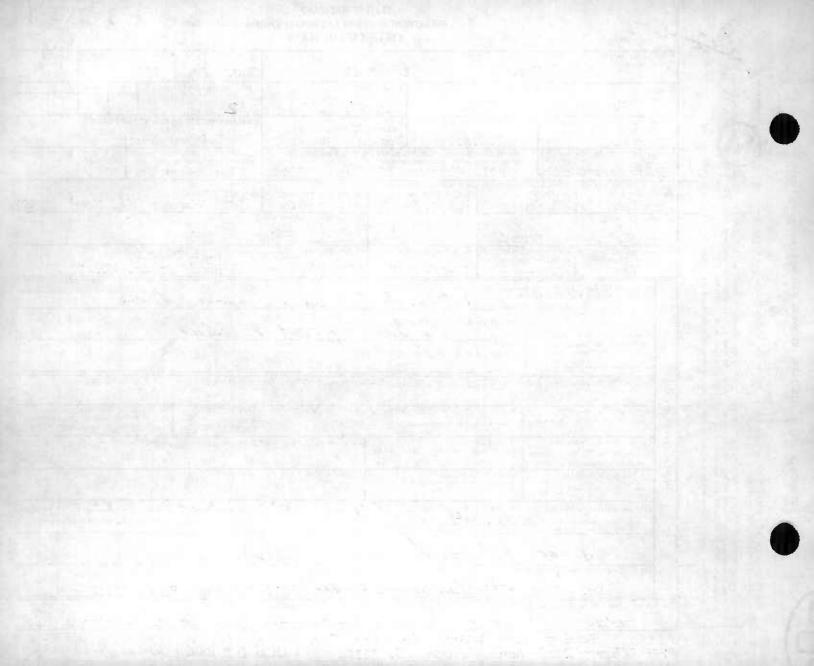
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	à Am	3. SE	X 3	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	W. S.	_		1	MONTH	DAY YEAR	/ 3		HOURS MIN.
	ego		emale.	White	4 -	-27-19	G-5 YRS		
	2 P. S. S. D. C. S. D		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH	
	nerol in 72 in 72	1	PISA	USA	WIDOWED		Baltimo	11	MD
	the fu	.∔0. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR		12a. USUAL OCCUPATION	12b. KIND OF	BUSINESS OR
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120	or fill	WOSU	AL RESIDENCE LIENURSING HOA	ME OR OTHER INSTITUTION GIVE RESIDENCE		y boneral	1 HOGDEWILL		
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3,1	ithi 2 s 2 s	14. FA	ATHER'S NAME	MIDDLE 14	IST	5. MOTHER'S MAIDEN NA			Alle Leading
¥	pa du Osso		James	Atkinson	131	Elizabe	eth Warner	LAST	
m,	- 0	16a. V	VAS DECEASED EVER IN U.S		L SECURITY NO. 1	IZ. INFORMATIT	ADDRESS		
Õ	and co			S. GIVE WAR OR DATES)		Mr. Robert	H Fekent Rei	sterstown	n Ma
AT.	rs. P		110	319	26-893/1	TIL. HODELU	M. Bekere Rei		
BAI	ysic ysic ysic ysic vol.	33	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per line for (a),	(b), and (c). i	- 1 /		APPROXIM BETWEEN OF	NATE INTERVAL
12	rtific n ph emo			DIATE CAUSE (o)	mona	ug Embol	1524	Ide	ny
Z	ding or ra		1629	DUE TO, OR AS A CON	ISTOLIENCE OF			É	1
STC	death ottend ove co rian, o		Conditions, if any, which		1 CUS O	me all	y luns	13 7	ulle
28	the d		gove rise to immediate	(6)	2000		1	C	CO
3			couse (o), stating the underlying couse lost		ISEQUENCE OF		V	Sur.	a suv(13
- 10	thot d by leose iol, cr or ath			(c)				8,	7
5, 2	gne Bur bur	-	PART 2. OTHER SIGNIFICA		IG TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDITION C		
20	The The	CERTIFICATION	Arleni	o scienotic	Cardi	Vas well	u discan		
RECORD	ony	A	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDING	GS USED
2	ows hos	F	11/2/82	- Cancina	me ?	Ity level		TIFYING CAUSES C	NO X
TA	N: The specific real of the sp	E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)		NO DE
<u>~</u>	phys fiftica l-tron ol Hy n 18		OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONT	H DAY YEAR	$\lambda / / n$	TENER MAIORE OF MODELL MAINER	o ran ron ran zy	
Z	SKC ng cer cer cer tent	Ş.	(IF EITHER, NOTIFY MEDICAL EXAM		19	10/14			
DIVISION OF VIT	PHY endi	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
<u>></u>	DING P or atter the as the olth and marked	~	AT WORK AT WORK						
-	or o		220.1 certify that (1) (this h	ospital) attended the deceased	from 10/3/	19 82		, 19 82_ th	hot (i) (we) lost
	TEN TOR Or u		sow the deceased olive	on_11117	_19_87_, and	that in (my) (our) opinion	death occurred on the date and h	our and from the co	ouses stated
	SEC SEC Ppt. cem		22b. SIGNATURE	d not) view the body ofter death.		GREE		22c. DATES	
3.0	Per		Am	all our		ATTENDING	MEDICAL STAFF	11/17	102-
	RAL det		U Cra	11000		PHYSICIAN [DIRECTOR PHYSICIAN	1"/1"	10-
	HOSPITAL HOS		22d. PHYSICIAN'S NAME (T			220. ADDRESS	7/	no R	pr TO
			D. U.	MADHA	N-	KUXION	TOWERS . ?	10812	m 0 2120.
	Sho sho	23a. F	SURIAL, CREMATION, REMO	VAL 236. DATE	23c NAME OF CEA	METERY OR CREMATORY	23d. LOCATION		- 5 2 20
ME	Con		Burial	Nov.20,82			Cockeysville	COUNTY	STATE
	or		INERAL DIRECTOR	1101.20,02	Lobrar	Grove			
	DHMH - 16 50M 4/B2			TT AD	DRESS	/ 0770/ A10	E REC'D. BY REGISTRAR 251 PEG	STRAR'S SIGNATU	RE .
	(VRA 15, 4)		Line Funeral	Home Reister	stown, Md/	51130 MA	V 1 9 1982	my w	may

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(VRA 15, 4)

STATE OF MARYLAND



32	1-	FOR STATE REGISTRAR		DEPARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO		02
- CA		CEASED NAME FIRST CHA	RLES R		ICOTT	20. DATE OF DEATH	1 / 9 / 82	7:30P
	3. SE	Male	4. RACE	MON	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HR
orh Post		RTHPLACE (STATE OR FOREIGN COUNTRY) Pa.	White 7b. CHIZEN OF WHAT CO U.S.	DUNTRY? 8. MARRII WIDOW	17 09 EDM NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
by the four lied within		DWSON	11. NAME OF HOSPITAL	, NURSING HOME		120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Superinter	F WORKING LIFE) INDUST	D OF BUSINESS C
filled in muld be		AL RESIDENCE (IF NURSING HOME TATE 13b. CO	UNTY 13c. CITY	ENCE BEFORE ADMISSION OR TOWN 1to.	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 101 Tyrone	Road	
ngletely and 2 sh	14. F.A	THER'S NAME FIRST Charles Ra	MIDDLE EL	LAST licott	15. MOTHER'S MAIDEN N. FIRST Hazel	AME		LAST
ond co		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOC GIVE WAR OR DATES)	-07-9954	17. INFORMANT	ADDRE D. Ellicott	SS101 Tyron Balto.,	
ned by the attending phy please remove carean pe uriol, cremotion, or reme r, or other troumatic event		PART I. DEATH WAS CAU MMED	DUE TO, OR AS A CO	ONSEQUENCE OF	LMONARY ARR		DITION GIVEN IN PART	Tio
The low require icion. Icion. Ite has been sign tet has permit. Then ingiene permit. Then ingiene only injury,	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
SICIAN: ng phys certifica uriol-tror tental Hy ltem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE LIMER, NOTIFY MEDICAL EXAMS		NTH DAY YEAR		RRED (ENTER NATURE OF INJU		
DING PHY or attendi After this ce as the bu olth and M marked or	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TO	OWN COUNTY	STATE
or ATTENI he hospital DIRECTOR: rached for us Dept. of He If Hem 21 is		270.1 certify that (1) (this had sow the deceased alive above, (1) (we) (did) (did) 27b. SIGNATURE		19 82	nnd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		22c. D	, that (I) (we) I the couses stated ATE SIGNED
- 0 0 0 0 7		DR. C. TSE	RETOPOULOS	Y STATE	22e. ADDRESS			
TO HOSP retained TO FUNI should by with the		BURIAL, CREMATION, REMOV (SPECIFY) Removal		73c. NAME OF	GBMC CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	Board	ADDRESS Balto	250. DA	ATE REC'D. BY REGISTRAR		Shull shull

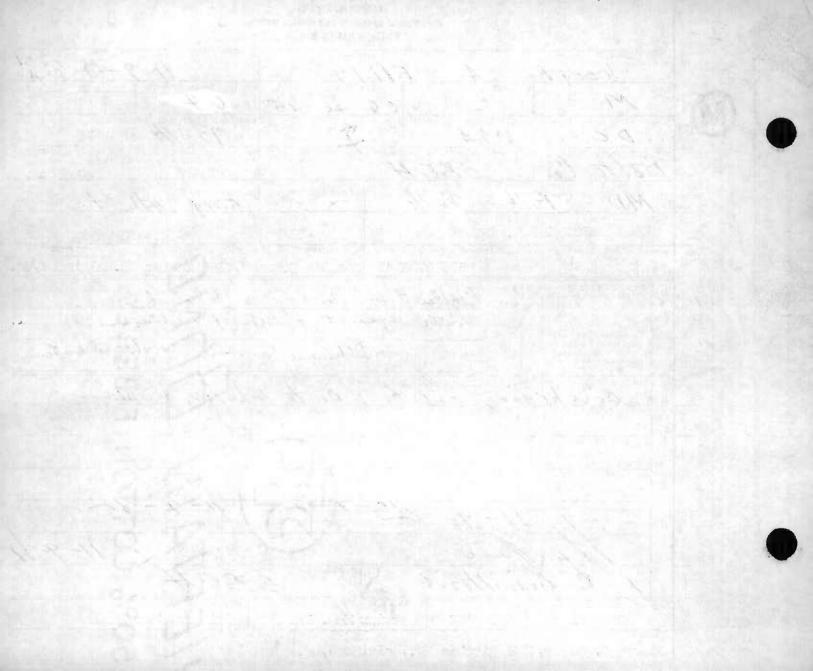
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George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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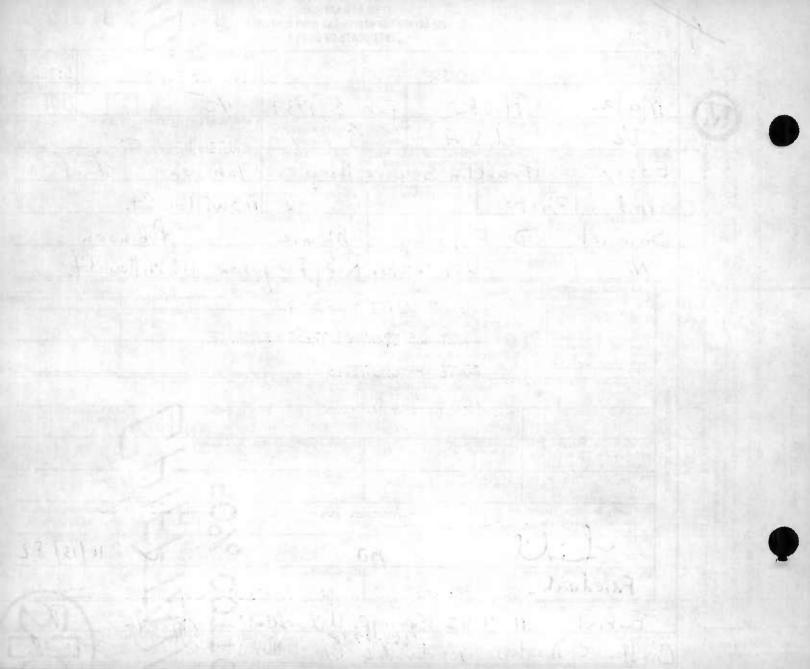
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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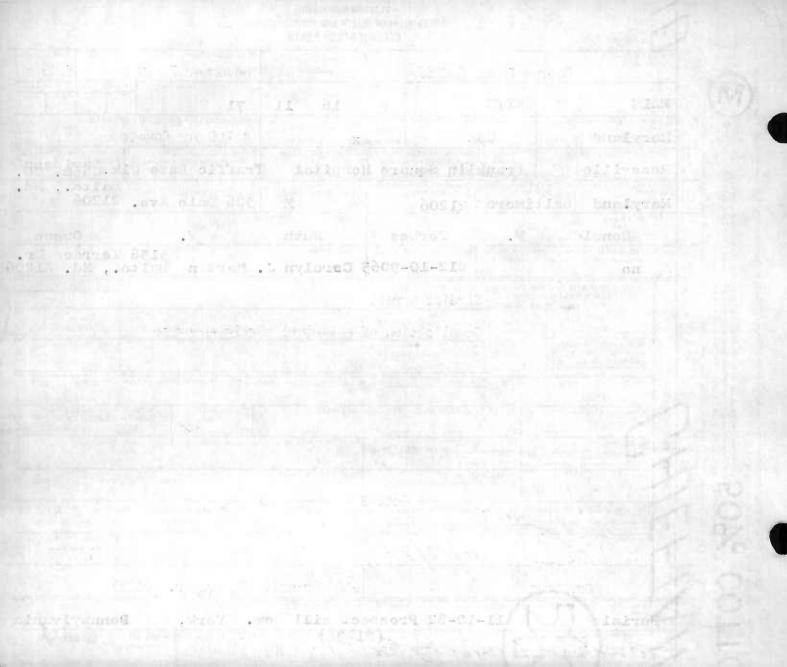
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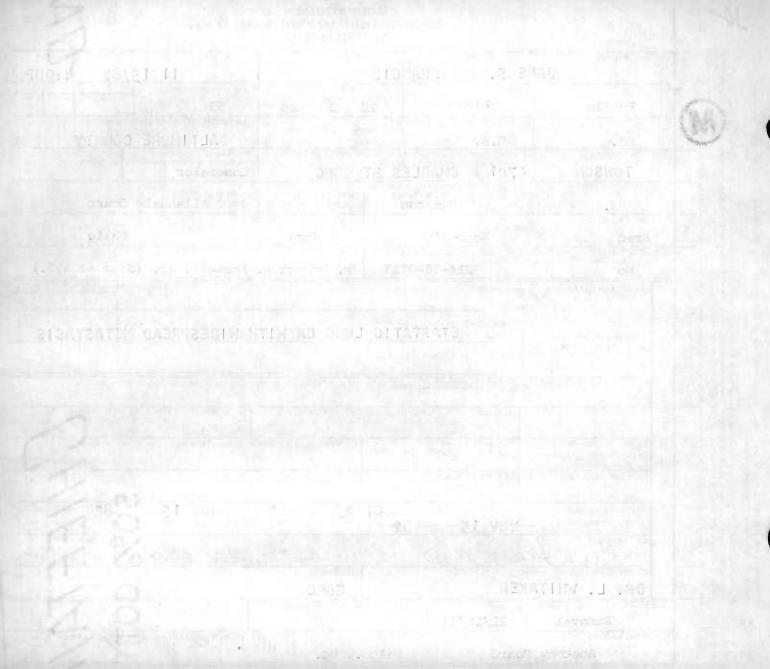
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
	1. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR
	(TYPE OR PRINT) Georgie	a Mildred	Frank	November 18, 1982
i	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Female	White	June 24, 1900	82 YRS.
5	FO. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County of DEATH Baltimore County
)	Catorsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, MENLISCEN NURSING	address) 2 (enter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
)	USUAL RESIDENCE (IF NURSING HOME OF		He YES NO X	13. STREET ADDRESS fustings Ave.
1	14 FATHER'S NAME FIRST GEORGE	Melson.	Sally	Purne List
		VE WAR OR DATES		ADDRESS
	No	218-28-4	1381 Ernest J. J.	rank 1026 Jaylor Park Rd 21784
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	TE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF atherono fo	Caren thum 5 Africant Soften
	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 11a
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE, FA	ARM. ETC.)	CITY OR TOWN COUNTY STATE
		ital) attended the deceased from	, 19, 19, 19	death accurred an the date and hour and from the couses stated
	176 SIGNATURE	C Molla	TTENDING PHYSICIAN	MEDICAL STAFF
	THE PHUSICIAN'S NAME (TYPE O	IA. // /	MA 22e ADDRESS	nonthe language

Weber Funeral Home

23a BURIAL, CREMATION, REMOVAL

23b. DATE

XSC NAME OF CEMETERY OR CREMATORY

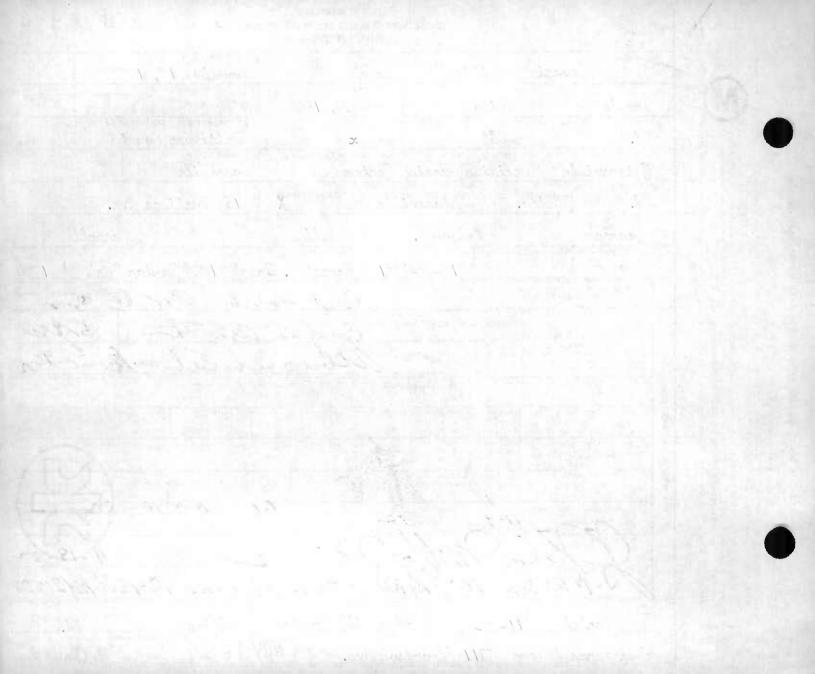
23d LOCATION

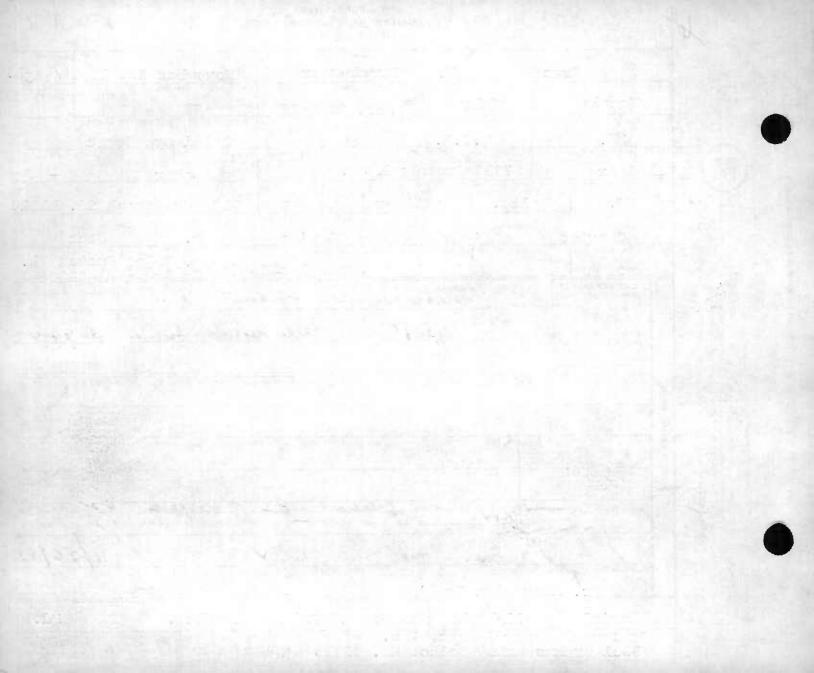
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IMPORTANT: If Item 21 is





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FOR - STATE REGISTRAR

Male

I DECEASED NAME

TYPE OR PRINTI

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

2n DATE OF DEATH

MONTH

26 HOUR

1	ì
1	1
	. 40

GALEN F. FROMME 4 RACE

Cauc.

5. DATE OF BIRTH Feb. 5.1916

& AGE IN YEARS LAST BIRTHDAY 66 BALTIMORE CITY OR COUNTY OF DEATH

IF UNDER I YEAR

70 BIRTHPLACE (STATE OF FOREIGN Pennsylvania

ID. CITY OR TOWN OF DEATH

7h CITIZEN OF WHAT COUNTRY? IISA

MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTIMORE COUNTY TYPE OF WORK FOR MOST OF WORKING LIFE

INDUSTRY Radio

TOWSON WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

1136 COUNTY Baltimore

13c CITY OR TOWN Baltimore

CARDIOGENIC SHOCK

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO X YES [] 15. MOTHER'S MAIDEN NAME

813 Tred Avon Rd.

Broadcaster

21212

APPROXIMATE INTERVAL

Mary land 14 FATHER'S NAME

8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (

17 INFORMANT

Eleanor Workman

LAST

Charles Fromme

PART I. DEATH WAS CAUSED BY:

160 WAS DECEASED EVER IN U.S. ARMED FORCES? No

166 SOCIAL SECURITY NO 187 09 1322

Margaret A. Fromme

Same

IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stoting the

MYOCARIAL FINFARCTION PUMP

LONG STANDING HEART FAILURE DISEASE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

21h TIME OF INTURY HOUR A.M. MONTH DAY YEAR

NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

underlying cause last

190 DATE OF OPERATION

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC) 211. LOCATION COUNTY CITY OR TOWN

20a AUTOPSY?

226 SIGNATURE

saw the deceosed alive an 11/6 abave, (I) (we) (did) (did nat) view the body after death

22a.1 certify that (1) (this haspital) attended the deceased from

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OF PRINT)

DR RUTH KANTOR 23a. BURIAL, CREMATION, REMOVAL 236 DATE

GBMC 23c. NAME OF CEMETERY OR CREMATORY Charles Baber

22e ADDRESS

23d LOCATION CITY OF TOWN

and that in (my) (our) apinion death accurred on the date and hour and Iram the causes stated

Pottsville, Schuylkill

DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR

SPECIFY)

Burial

6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

250. DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE

STATE



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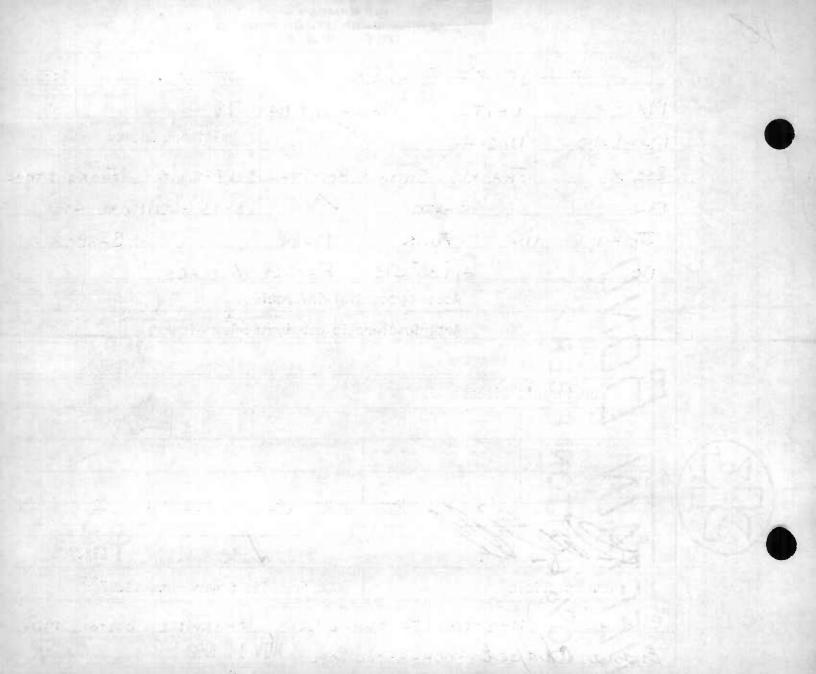
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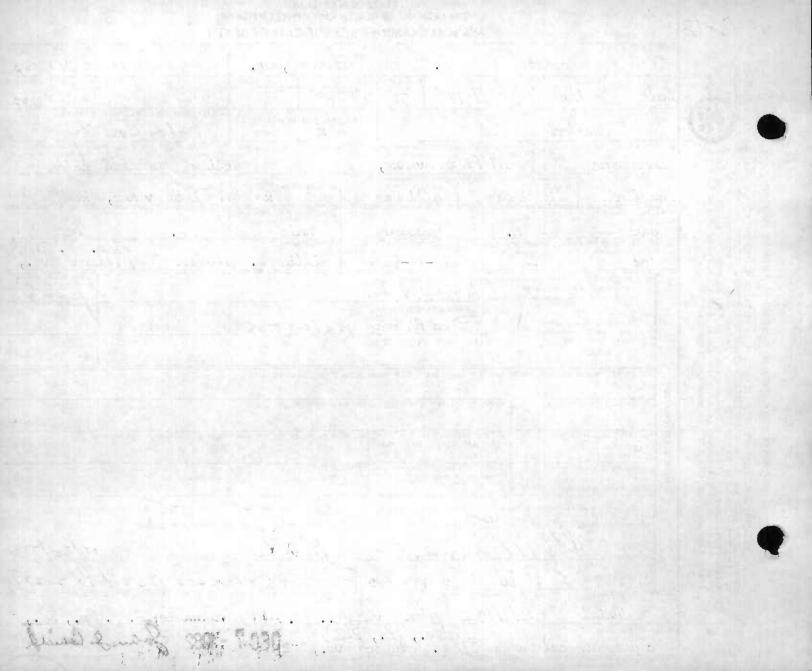
- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE 29 DATE OF DEATH MONTH YEAR 25 HOUR November 3, 1982 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1904 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 175 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME ADDRESS RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Acute myocardial infarction DUE TO, OR AS ACONSEQUENCE PErotic cardiovascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f. LOCATION CITY OF TOWN COUNTY STATE November November and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING 11/3/82 MEDICAL PHYSICIAN Y DIRECTOR PHYSICIAN 9000 Franklin Square Dr., 21237 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION



200	· fa		FOR			DEPARTMENT OF	HEALTH	AND MENTAL HYG	IENE 2	28	0 %	
	116		STATE REGISTRAR		ME	DICAL EXAMIN	ER'S C	ERTIFICATE OF D	DEATH REC	G. NO.		
		1. DEG	EASED NAME	FIRST		WIDDLE		LAST	20. DATE KNOW		DAY YEAR	26. HOUR
	WWW.	(TYP	E OR PRINT)	Rober	t.	8.	Ge	assaway, Sr.	OF ESTI-	0 11	30 1987	120.
	PASS STATES	D. SEX		4. RACE	5 DATE OF BIRTH	6 AGE (IN YE	1	DER 1 YR. IF UNDER 24 H		MONTH	DAY YEAR	2d. HOUR
	ST F BEC	Ma		White	7/28/19	YEAR LAST BIRTHE	AY) MONTH			11	30 1082	100
			RTHPLACE (S		7b. CITIZEN OF W		RS.		9 BALTIMORE C	TY OR COUNT	Y OF DEATH	1 2 M
	9歲四十	110	REIGN COUNTRY)	anyland	USA	THE COUNTY OF TH	WIDOW	IED NEVER MARRIED	Balo	1-12	14.	
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5	ANY DE AND 3 RETAIN COULD HECORDS	130 S	ryland	LISH COUNT	Υ	113 CITY OF TOWN		13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS	1	24 227	
2120	L I				timore	Baltimore	2			Avenue,	21 227	
MD.	I N & ->	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME MIDDLE		LAST	
	OCCANO ORM PW		anny		A.	Gassawai		Annie	Č.		Song	
MON		16a. V	VAS DECEASEI	DEVER IN U.S. ARA	NED FORCES?	166. SOCIAL SECURIT	Y NO.	I7. INFORMANT	ADD	RESS Balt		21234
BALTIMORE,	OURS AFTER 8. GIVE PAINTH FOR WITH FOR DIVISION (-	yes	uw.	99	218-14-922	.4	William D.	(allahan	7809 Ti	Lmont Av	10.,
			18. CAUSE O	F DEATH (Enter onl	y one cause per lipe	for (o), (b), and (c).)	1				APPROXIMATE BETWEEN ONSET	INTERVAL TAND-DEATH
Z ST.,	HIN 24 HOLIN TEM 18 R ALONG 'SIT PERMIT. HYGIENE, [118	PARTIDE	MMEDIAT		C V X	2.		•		1201	3
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3	DIED W EXAMIN RIAL-TRA MENT.		couse (a)	stating the under-	DUE TO, OR	AS A CONSEQUENCE						
301	EX. EX. O.M.		lying cau	ise iost.	(c)							
	ULD BE EXECUTED WITH "PENDING" IN PENCIL EF MEDICAL EXAMINES SED AS A BURIALTRAN HEATH AND MENTAL CREMATION, OR REMO!		PART 2 OTHER SI	GNIFICANT CONDITIONS		BUT NOT RELATED TO THE TER	AINAL DISEASI	E OR CONDITION GIVEN IN PART 1	(a).			
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RE	HEF A USED A USE	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPE	W MOITA	AS PERFORMED?		14	20. AUTOPSY?	>
VITAL	우유표하다 /	E	7.9								YES 🗆	NO 9
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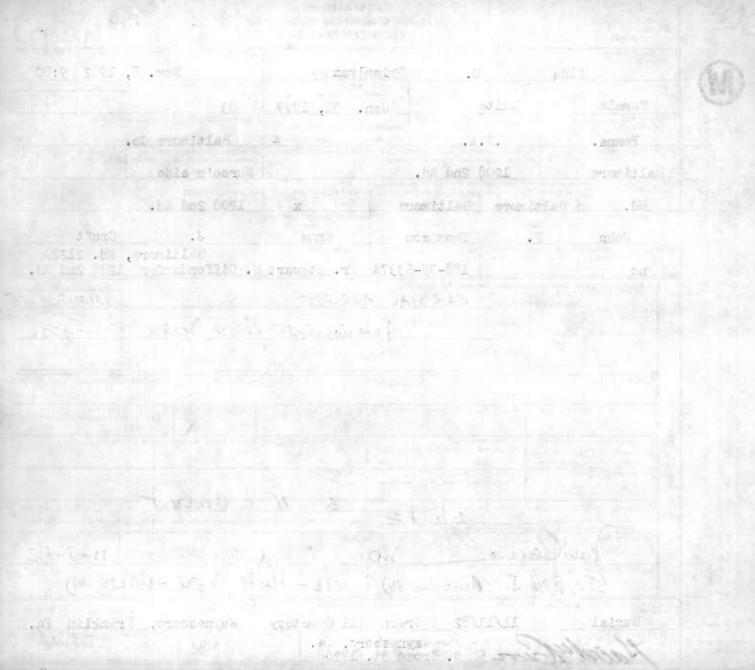


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(VRA 15, 4)

STATE OF MARYLAND

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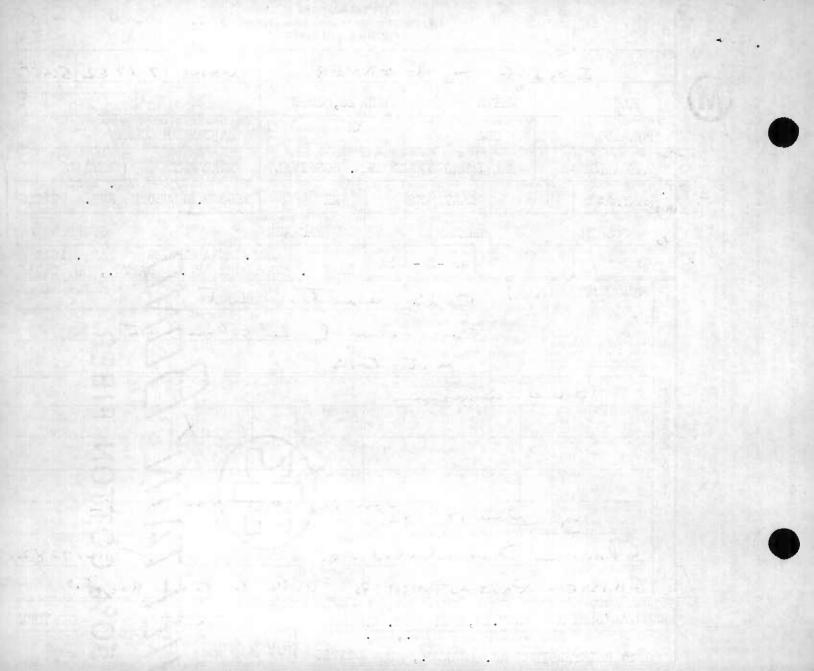
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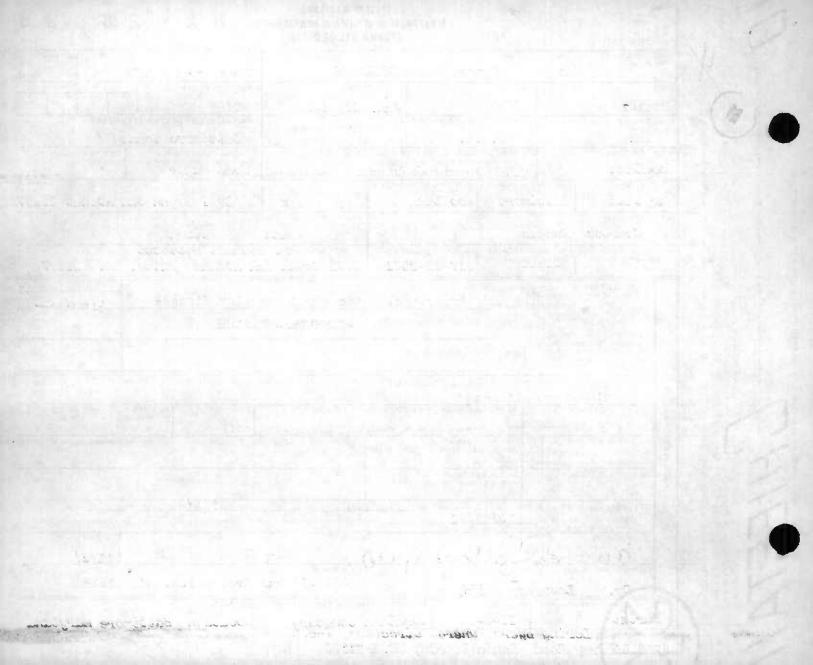
(VRA 15. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21215





b	1-	FOR STATE REGISTRAR			DE		ENT OF HI	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG	IENE &	REG. NO	2	8 0	2 9
19		CEASED NAME	FIRST		MIDDLE		LA	51	TO X (TX)	20. DATE	OF DEATH	MONTH DA	Y YEAR	26 HOUR
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moy be	3. SE	(4.1	RACE			5. DATE O		YEAR	6. AGE 11	YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
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Poge Phours	7a. BI	RTHPLACE STATE OR FOR	EIGN 76	CITIZEN OF	WHAT COU	JNTRY?	MARRIED	NEVER A	MARRIED -	9. BALTIN	ORE CITY O	R COUNTY C	FDEATH	
death. Page 4 uneral director hin 72 hours of	A	Labama		US			WIDOWE	D DI	VORCED	BAL	TIMORE,	, COUNT	ſΥ	MD.
offer d with	, 7	TY OR TOWN OF DEATH		GBMC -	- 6701	VE STREET AD	CHARL	ES STR			L OCCUPATION FOR MOST OF		12b. KIND OF INDUSTRY	F BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or oftending physician and completely filled in by the this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fite this and Mental Hygiene prior to burial, cremation, or removal. orked or frem 18 shows any injury, or other traumatic event, the medical examples had been according to the property of the prope		AL RESIDENCE IF HURSING	COUNTY	HER INSTITUTION.		CE BEFORE AIDR TOWN		13d. INSIDE C	ITY LIMITS?	13e STREE 811	TADDRESS Sher:	idan <i>A</i>	Avenue	9
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~ K & e e		above, (I) (we) (dia 22b. SIGNATURE	1 01		offer death	1.		EGREE					22c. DATE S	SIGNED
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///	24. FI	JNERAL DIRECTOR						Calva	25a. DAT	E REC'D. B'	REGISTRAR		AR'S SIGNATU	
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2g. DATE OF DEATH MONTH 1. DECEASED NAME 75 HOUR (TYPE OR PRINT) Warren Lee Godman November 10.1982 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR SEX 4. RACE 5 DATE OF BIRTH August 1.1924 Male White 58 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Maryland USA Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (#F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 6646 Loch Hill Rd. Structural Enginner USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
113b. COLINTY 13e. STREET ADDRESS 6646 Loch Hill Rd. 21239 Baltimore 13d. INSIDE CITY LIMITS? Baltimore Maryland 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Lloyd Godman LAST Minnie Grace Schultz 160 Falls Chapel Way 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) Barbara Lee Trostle Reisterstown, Md. 215-16-1586 APPROXIMATE INTERVALABETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Conditions, if only, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIF FITHER NOTIFY MEDICAL EXAMINERS P.M TIE PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 19 20 Nonember 10 220.1 certify that (1) (this haspital) attended, the deceased from_ December sow the deceased alive on Ochlah 3 . 19 82. ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 77c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS M. Isabelle MacGregor 11 E. Chase St. Baltimore. Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

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MPORTANT:

23g. BURIAL, CREMATION, REMOVAL

Nov. 13,1982 Burial Dulaney Valley 24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

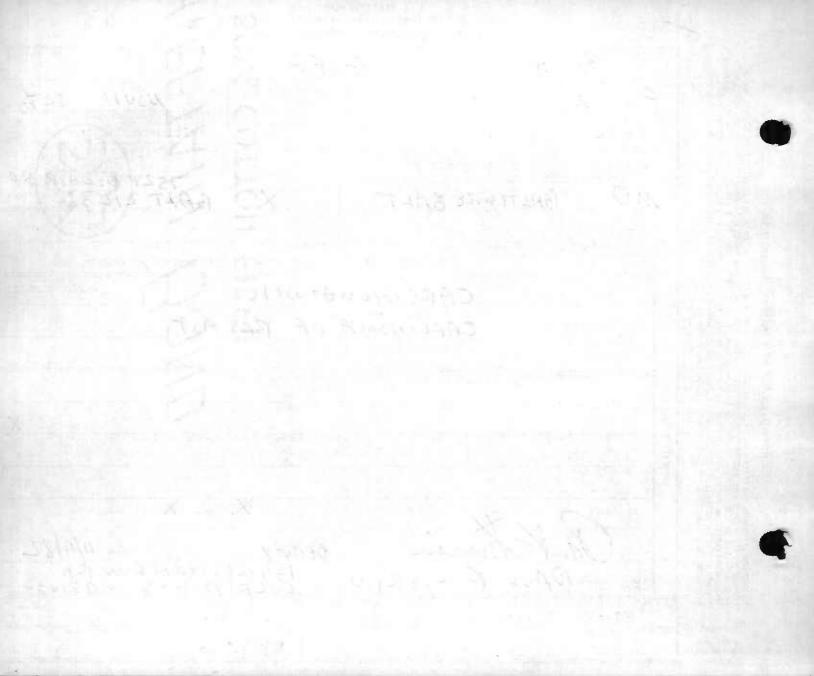
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23d LOCATION

COUNTY

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-V DEATH MATED DATE OF BIRTH 2d. HOUR SEX 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 50 YRS hite July 17,1932 DEAD F MEDICAL EXAMINER ALONG WITH FORM PAGES 1, 2, AND 3T O'THE FUNERAL EMEDICAL EXAMINER ALONG WITH FORM PM 3, RETAIN PAGE 5 FOR VIED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, PRESTICAL, CREMATION, OR REMOVAL. 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY! Baltimore County U.S.A. Maruland DIVORCED * WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIEE) (15 NOT IN SUCH EACH ITY, GIVE STREET ADDRESS)
7521 Belair Rd Overlea USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET MIDDLE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST FIRST H Mary Matthews Ernest 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs Mary M Bateman 4000 Corse Ave 215-28-6034 No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OF BREAST if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION ARDED TO THE CHIEF MI IGE 3 SHOULD BE USED A TTE DEPARTMENT OF HEA 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 716 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL 21201 PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET STATE STREET, FACTORY, EARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALTIMORE, MARYLAND, 21201 22a I certify that it mak charge of the remains described above, held an Autopsy and in my apinion Inspection Homicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Burial 11/13/82 Parkwood Baltimore BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR ADDRESS **DHMH-17** Leonard J Ruck Inc. Baltimore, Maruland (VR A15 ME (5)) 15M 2/80



- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

DECEASED NAME

Baltimore County 126 KIND OF BUSINESS OR INDUSTRY COTP. TYPE OF WORK FOR MOST OF WORKING LIFE Maintance Vestinghouse 2009 Hammonds Ferry Road Seitk 21227 Alvina Goodmuth 2009 Hammonds Ferry Rd APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 22, and that in (my) our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Oncology Dept. COUNTY Buria1 11-6-82 Holy Redeemer Cem. Baltimore Maryland 24 FUNERAL DIRECTOR 21229 BY REGISTRWR 256, RECORRAR'S SIGNATURE Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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11/27/82

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24 FUNERAL DIRECTOR

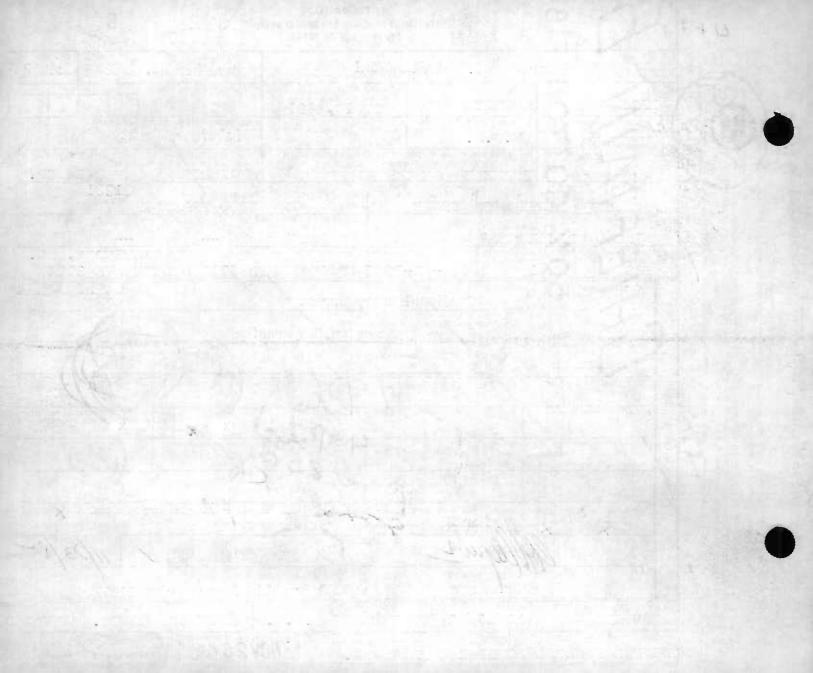
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR 1982 2:10 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17b. KIND OF BUSINESS OR INDUSTRY MARTIN CO. 21221 1000 FRANKLIN AVENUE BALTIMORE, MD. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [COUNTY BALTIMORE BALTO. MARYLAND

REG. NO

DHMH - 16 50M 1/81 (VRA 15, 4)



					STATE OF MARYLAND		
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-			REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
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	ven		18 CAUSE OF DEATH (Enter only	one cause per line for auth: an	idis:	//	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, ENDING PHYSICIAN: The law renateding physician. The the burial-transit permit. Then eath and Mental Hygene prior to			AT WORK				
or a or a or a leal	2		22a I certify that (I) (this hospita	H) attended the deceased fram	2-22-19 80		20, 19 82, that (1) (we) last
	121		saw the deceased alive an	11-16 19	and that in (my) (our) opinion of	leath accurred an the da	te and haur and from the causes stated
REC d for	ten		abave, (I) (we) (did) (did not)	view the bady after death			
De De de	11 15		226 SIGNATURE	1 .1 .	DEGREE		22c. DATE SIGNED
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	MPORTANT		CE. MW.	11 AMS	11764 Kaylo	istour of	Usterstown 14,2/136
TO reta	≥	23n F	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY	23d. LOCATION	
		1	SPECIFY)	11 72-87		CAN OR TOWN	COUNTY
BP	_		- PEMATION	11-07 00 K	RSfuich	Daltimo	pe planfland
1000		24 FI	INERAL DIRECTOR 25	4 F. Main	SI 25e. DATE	REC'D. BY REGISTRAR	CHOREGISTRAR'S SIGNATURE
DHMH-16 : (VRA 15, 4)		1	-lef- /	ADDRESS	n/ 7mm NIC	11/26/1982	John & Coluly
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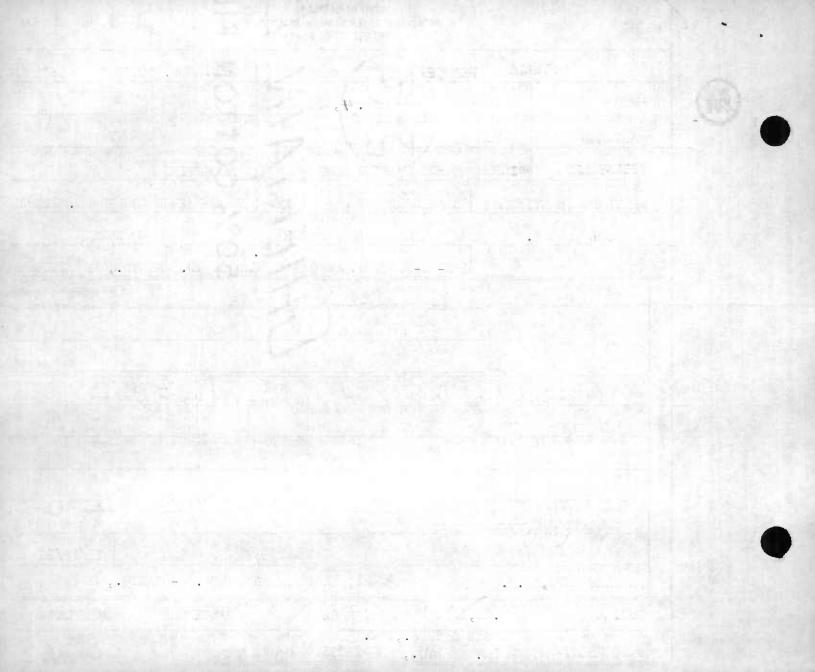
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(VRA 15, 4)

	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 2	2	8 0	3 5
		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		JOI	HN Bruce	GF	RAYBEAL		11 23	3 182	1:09 P M
3	. SEX		4. RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
-		WALE	MHITE	Och		63	YRS.		
1	C	THPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY C			MI
0		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME (120 USUAL OCCUPATION OF OF WORK FOR MOST OF HUNTS IT AN	ION	12b. KIND O INDUSTRY	F BUSINESS OR
2	SUA 3a S	L RESIDENCE (IF NURSING HOL FATE 136,	ROTHER INSTITUTION GIVE RESIDENCE BI LINTY 13c. CITY OR T Ford Co, FALLSTO		13d. INSIDE CITY LIMITS? YES NO M	130. STREET ADDRESS	uston i	perosi	
20	4 FA	THER'S NAME .		DEAL	15. MOTHER'S MAIDEN NA	MIDDLE		CALL	нио
2	(A	AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YES	ARMED FORCES? 166. SOCIAL S GIVE WAR OR DATES) 218-18	- 2610	mrs. Dorothy A	8777-7011 A	114 Falls	, MARY	MATE INTERVAL DNSET AND DEATH
	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONSE	OUENCE OF	FARCT ION	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	2.
2	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATIC	N WAS PERFORMED	20a AUTOPSY? YES □ NO ☒		VERE FINDING CAUSES	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	() OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LATHOME, STREET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
			ospital) attended the deceased from	× /	1/23 19 82 nd that in (my) (our) opinion	to 11/2 death occurred on the d			that (I) (we) los couses stated
		276 SIGNATURE DEGREE FINAL ALLENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							SIGNED
		MAHMOOD AL	(KHAN, M.D.	field:	220 ADDRESS 50 SCOTT AI	DAM ROAD CO	OCKEYSV	ILLE,	MD 2103
1	B	URIAL, CREMATION, REMOVER OF THE PROPERTY OF T	Nev. 26, 1982	Highyle	W MEM GARDENS 250. DA	TE DEC'D BY DECISTRAD	Arterd Co.	MATY LO	STATE STATE
	3	NERAL DIRECTOR WILLIAM	ADDRE		" (STOIK	NOV 2 6 1982	John	4. 0	they.

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STATE OF MARYLAND



DHMH - 16 50M 1/B1 (VRA 15, 4)

		FOR - STATE REGISTRAR			CERTII	E OF MARYLAN HEALTH AND ME FICATE OF DE	NT AL HYG	REG. NO	D.	3 0	3 /
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	3. SE		4 RACE	W		OF BIRTH	YE AR 1901	6 AGE (IN YEARS LAST BIR	-	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,
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5	13a. S			13c. CITY OR TOV			○ x	13e STREET ADDRESS 7352 Manche	ester Ro	d. 212	222
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		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C NO	RMED FORCES?	212-09-		17 INFORMANT Ronald	l Groc	howski - Ba	552 Mand	cheste	r Road
	CATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE Metas tat R AS A CONSEQUE DISTRIBUTING TO	IENCE OF IC OVE JENCE OF DEATH BUT	Arrest Arrian Car NOT RELATED TO	CINOM		20b. IF YES, W	ERE FINDIN	IGS USED
2	CERTIFIC	210, ACCIDENT WAS UNDERLYING 21b. TIME C						YES NO	Y IN ITEM 18 PART		NO [
/	MEDICAL	OR CONTRIBUTING CAUSE OF D LIFETHER NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P,	M.	19	211 LOCATION STREET		CITY OR TO	NN .	COUNTY	STATE
		220.1 certify that M (this has sow the deceased alive a abave, the (we) (did) (did) 22b. SIGNATURE	n Novembe	e deceased from . r 30 19 after death.	<u>82</u> , a		t in (aux (aur) opinion death occurred an the date and hour EE			causes stated	
		22 d. NOYSICIAN'S NAME (TYPE	111/	D		22e ADDRESS		MEDICAL STAF	IAN 🗹	110	-30-82
1	23a. B	BURIAL, CREMATION, REMOVA SPECIFY) Burial	ehoff, M	23c		9000 F EMETERY OR CRE	MATORY	in Square D	c	21237 ounty alto.,	Md •
		UNERAL DIRECTOR	, - 1005	Dunda 1k	Ave,	21224		rec'd. By registrar 1982			

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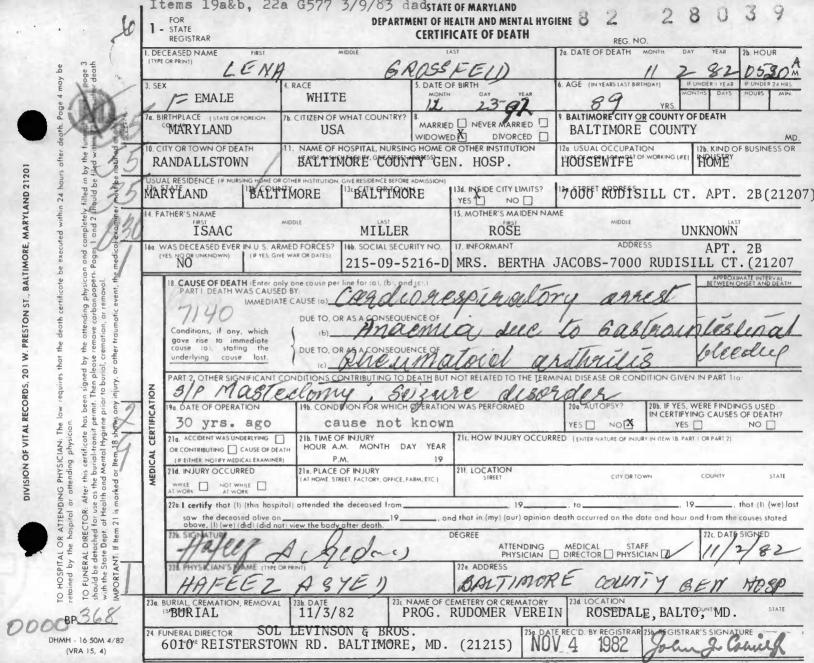
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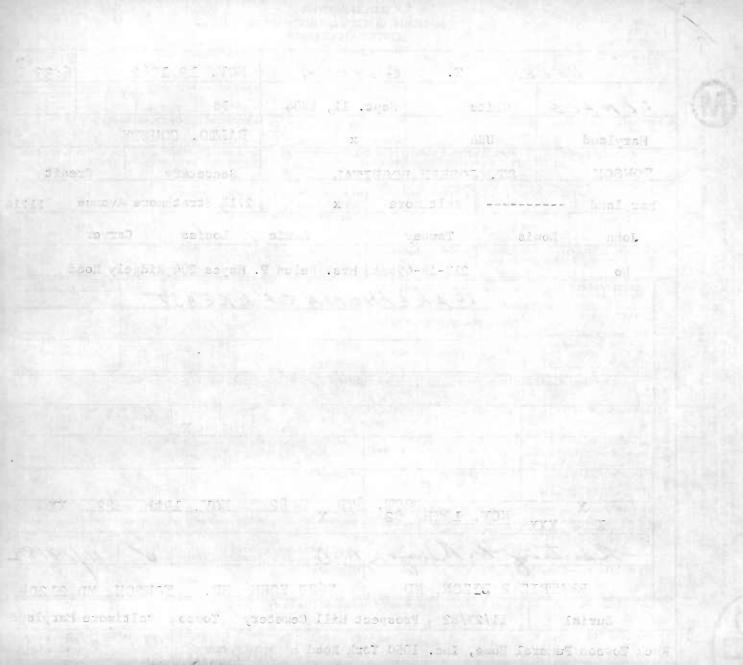
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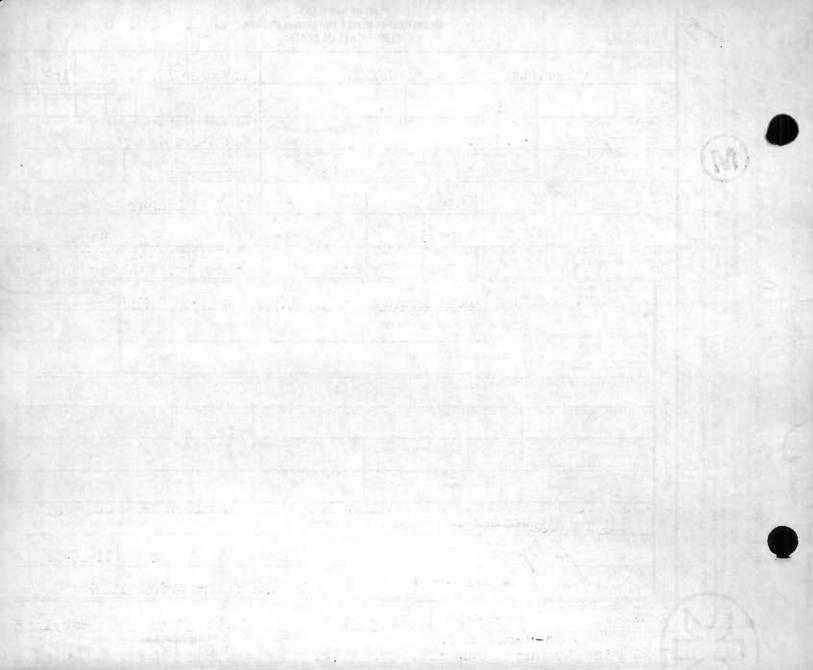
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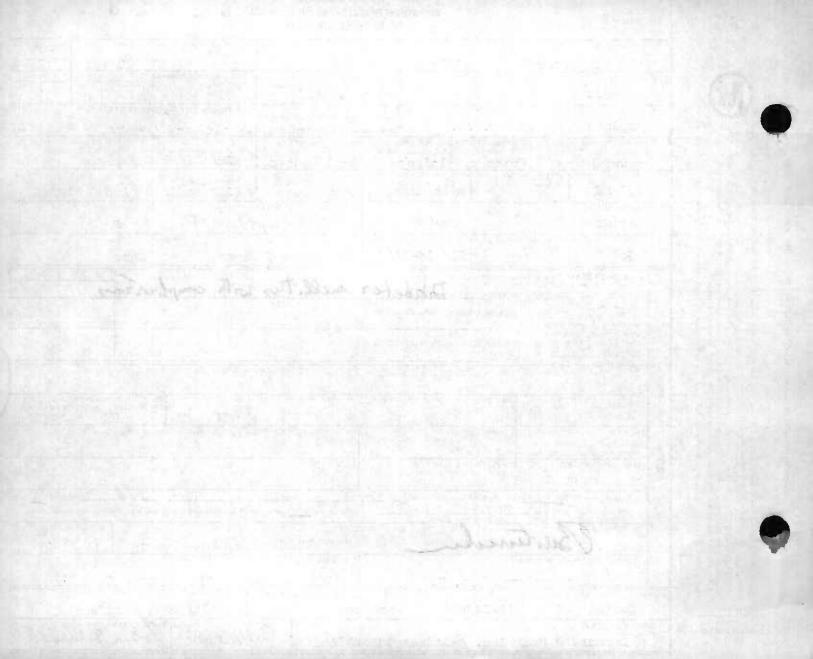
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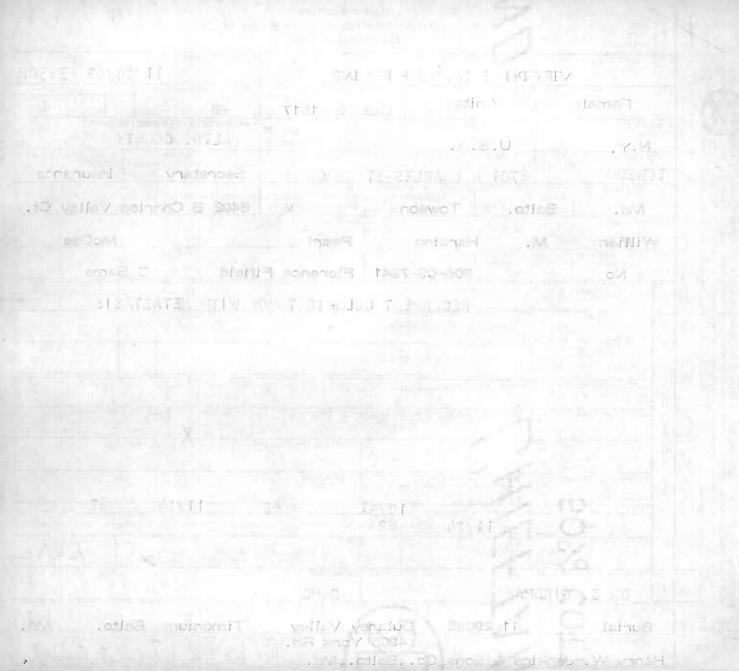




DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physicion and completely filled in ay the tuneral should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 7 havin the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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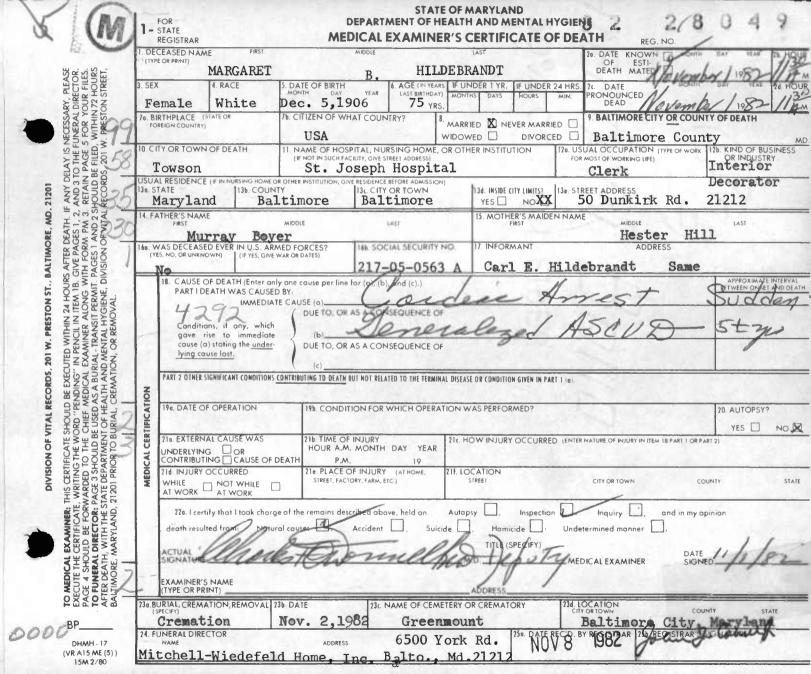
1	REGISTRAR		CERTIFICA	TE OF DE	ATH	REG. N	0.				
ì	1. DECEASED NAME FIRST	MIDDLE	LAST			20 DATE OF DEATH	MONTH	DAY YE	AR	26 HOUR	?
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1		RACE	5. DATE OF BI		15.10	6 AGE (IN YEARS LAST BE	RTHDAY	IF UNDER 1		IF UNDER 2	4 HRS
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ŀ	70. BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED [NEVERMA	RRIED 🗍	9 BALTIMORE CITY	R COUNT	Y OF DEAT	Н		
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	Cockeysville	NAME OF HOSPITAL, NURSING	GHOME OR O	ork Ro	ad	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KII INDUS	ND OF TRY	BUSINES	SOR
1	USUAL RESIDENCE (IF NURSING HOME OR OTH 136. STATE 136. COUNTY	HER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	INSIDE CITY	LIMITS? 1	13a STREET ADDRESS					
4		timore Cockeys	ville YE	S N		13801 Yor	k Roa	d			
	14 FATHER'S NAME FIRST MIDI		15	EID	AAIDEN NAN	AE MIDDLE		3.3	LAST		
1	Joseph	Russli			Mina			Wyn	ige	r	
1	160 WAS DECEASED EVER IN U.S. ARMEI (YES NO OR UNKNOWN) (IF YES, GIVE W.		RITY NO. 17.	INFORMANT		ADDR	ESS	,	0		
ļ	NO	215-50-7	725 /	acho	agrita	rederick 1	3801	york	Sist	14/	2/
1	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	10					(BETV	VEEN ON	ATÉ INTERVISET AND D	AL EATH
1	IMMEDIATE C		<u>U</u>								
1	4029	DUE TO, OR AS A CONSEQUE	NCE OF								
1	Conditions, if ony, which	(b) Hyput	ension	U							.47
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF .								
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1	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO D	EATH BUT NOT	RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PAR	RT 1(p)		
J	NOI										
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION W.	AS PERFORM	NED	200 AUTOPSY?	20b. IF YE	S, WERE FI	NDINC	S USED	12
1	HI WILLIAM					YES NO	Y	ES 🗌 .		NO 🗌	
I		21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c	HOW INJU	RY OCCURRE	ED (ENTER NATURE OF INJE	RY IN ITEM 18	PART I OR PAR	T 2}		- 14
١	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19								
1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e. PLACE OF INJURY		LOCATION		CITY OR TO	WN	COUNT	Y	STA	ATE
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ı	of Janga	ww)			SICIAN [MEDICAL STA		11	1/	3/8	2
1	22d. PHYSICIAN'S NAME		22e	ADDRESS		. 1					
1	F. SANZAT	RO M.D.		13,	word	ment					
1			AME OF CEME	TERY OR CRE	MATORY	23d. LOCATION			_		71.17
1	Burial	11-4-82 Wo	odlawn			Woodlaw		altim	ore	Md	ATE .
1	24 FUNERAL DIRECTOR				25a. DATE	V 8 1982	25 PEGIS	TRAR'S QG	NAZU	mely	
	Mitchell-Wiedefeld	Home 6500 York	Rd 212	21.2	NO	A 8 1885	100	and.			

Mitchell-Wiedefeld Home 6500 York Rd 21212

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician

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1 13 Hall KESE L. HOLLINGSTRATH MALLIE ENGERGE CHARLENCE MICH. ROIDESDRING METERSPECE FARELLE BY COVALAND DESCRIPTION OF PRADMICS ON PROPERTY

	STATE REGISTRAR		RTIFICATE OF DEATH		án U U U
	1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
moy be page 3 rer death	(TYPE OR PRINT) MAPGAR	ET A	HOMAN	11-21	1-82- 11:0A
e 4 mo ctor, po s offer c	FEMALE 1	WHITE S.D	ATE OF BIRTH MONTH DAY 1906	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN
direction of the		CITIZEN OF WHAT COUNTRY? 8.		9 BALTIMORE CITY OR C	YRS. COUNTY OF DEATH
A Zol	WASHINGTHDE	115 A M	ARRIED NEVER MARRIED	ROIT	MARE
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ed the offe	REISTEPSTOWN	IF NOT IN SUCH FACILITY, GIVE STREET ADDRE	(SS)	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
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A PAR	FIRST MID	and and different	FIRST	MIDDLE	LAST LAST
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AOR and and ages	(YES, NO OR UNKNOWN) (IF YES, GIVE W.		COMMARYF		OOBRUNK CT.
ALTIA Cian Cian Li.	NO	766-27-80	102 MILLONICIE,	MILDERAL PE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
hysin pop	PART I. DEATH WAS CAUSED I	one couse per life for (a), (b), and ic BY	-1.0.	All	BETWEEN ONSET AND DEATH
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	230 BURIAL, CREMATION, REMOVAL	236. DATE 234. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY / STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

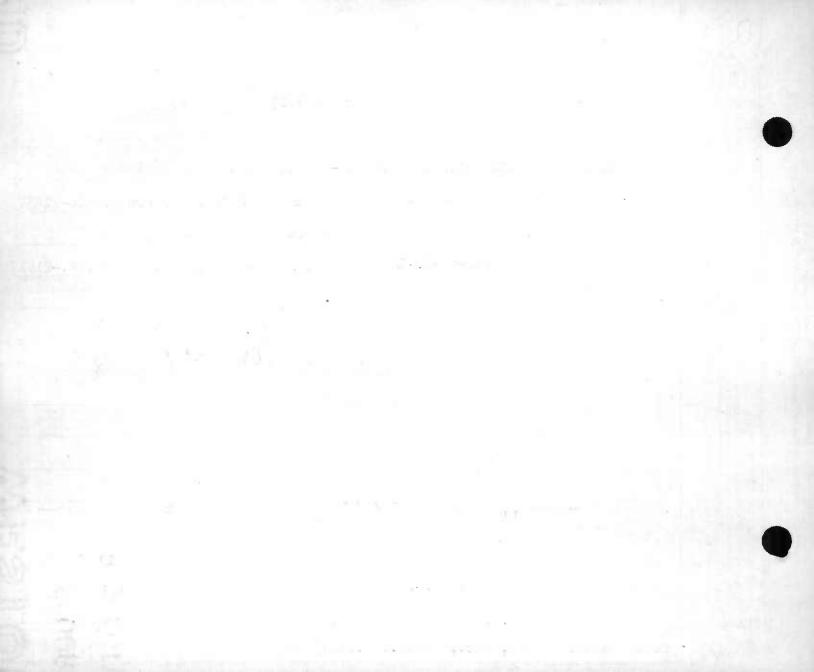
CERTIFICATE OF DEATH

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FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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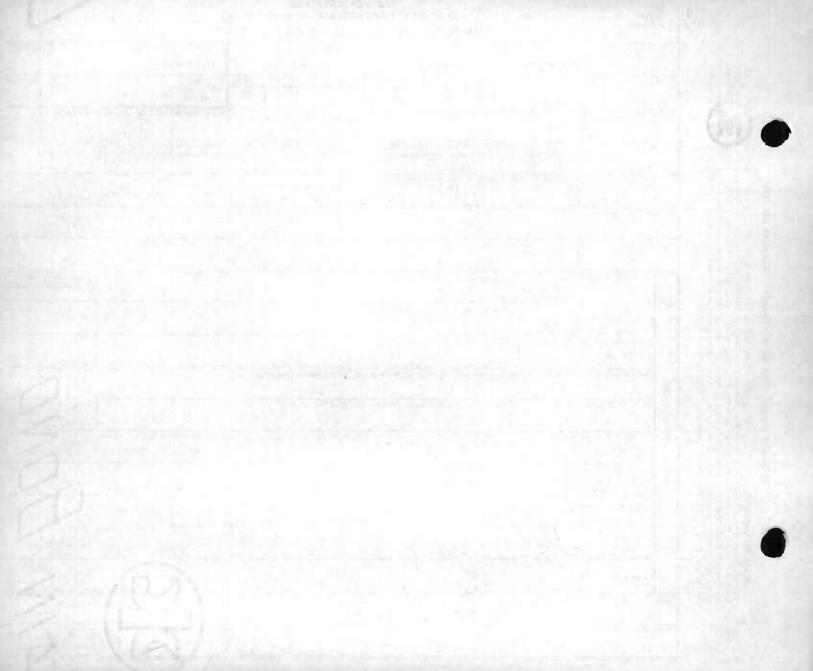
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24. FUNERAL DIRECTOR Keywolds

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LAND 2120 hin 24 hours by filled in should be 1	USU. 130.	AL RESIDENCE I IF NURSING HOME STATE 136. CC	or other institution unity	13c. CITY OR 1 Rodgers	NWO	13d. INSIDE CITY LIMITS? YES NO 🔼	13. STREET ADDRESS 114 Dumbar	ton Rd	. Apt.	C 21212
MARYLA ted within ompletely f and 2 sho			Eader	Humme		Alice FIRST	M. MIDDLE		Jacks	on
IMORE, on and con medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)		3-6316	Mrs.J.A.Love	joy 704 Walg		t. 211:	36
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physicion. Wher this certificate has been signed by the ottending physicion and campletely filled in the ost the builof-tronsit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled and Mental Hygiene prior to burial, cremation, or removal.	NO	18 CAUSE OF DEATH IERTE PART I. DEATH WAS CALL HOMED Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, (DUE TO, (DUE TO, (LE) DUE TO, (LE)	OR AS A CONSE	EOUENCE OF	NOT RELATED TO THE TER	MINAL DISEASE OR CONT	1 DITION GIVEN		INSET AND DEATH
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TO HOSPIT etained by TO FUNER should be with the Sti		Anderson R	The state of the s				Dr. Towson,	Maryla	nd 212	04
Z 6 ± 2 3 ₹ 1	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
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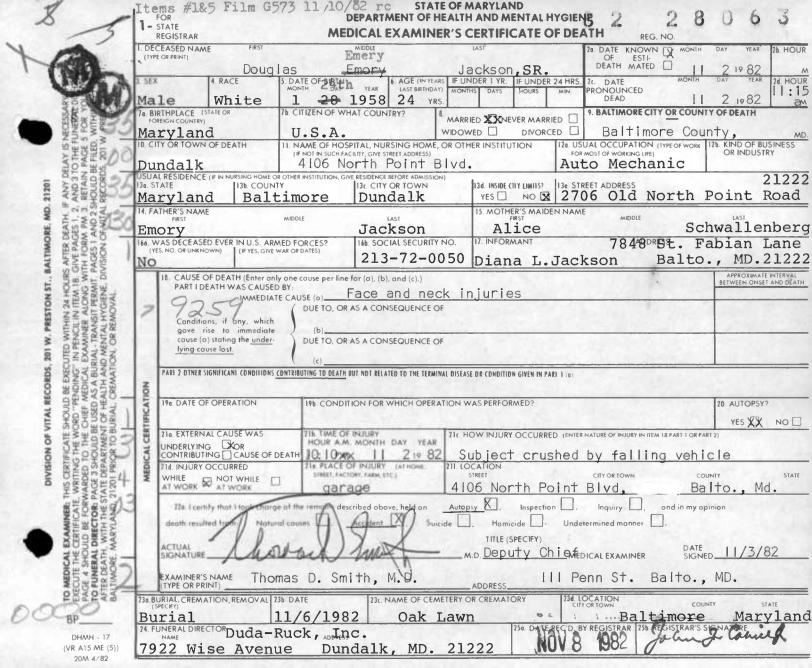
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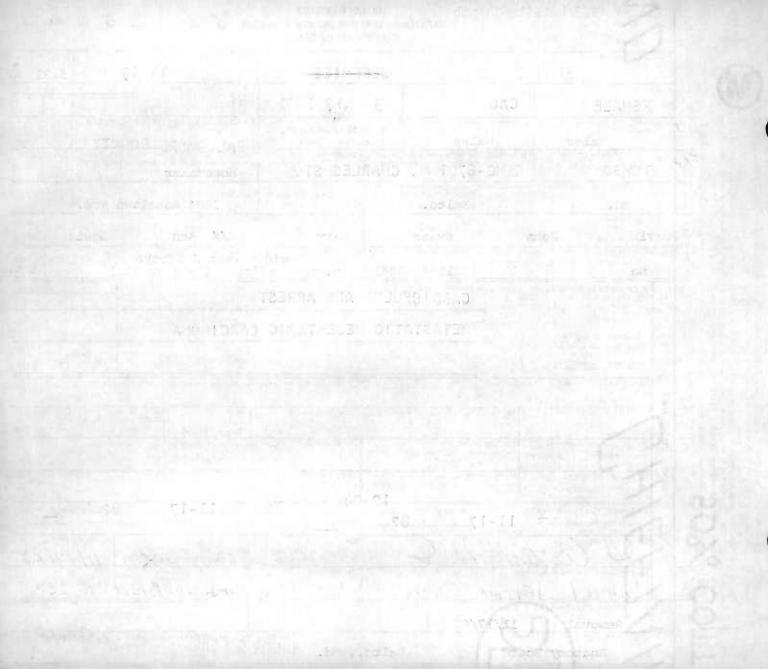
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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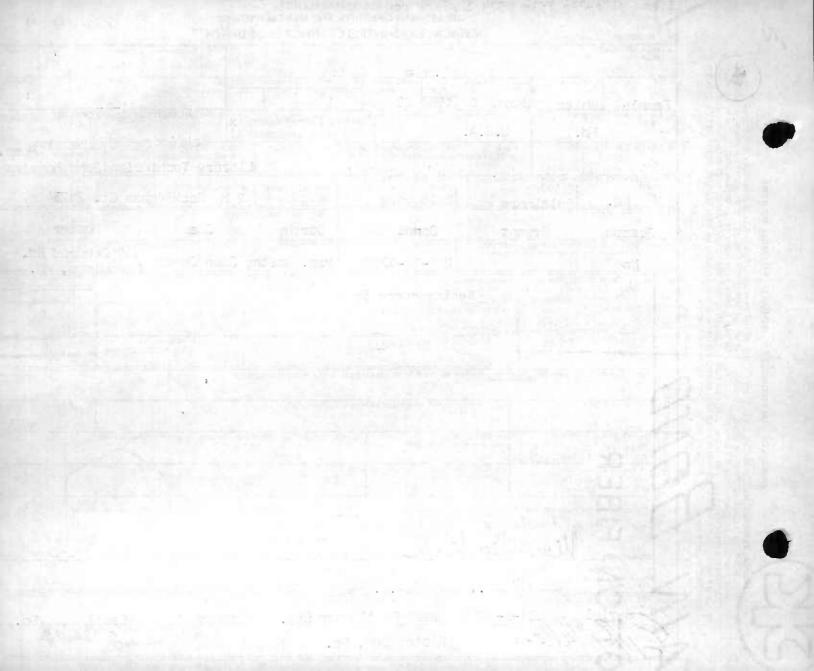


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SOCIAL SECURITY NO. 218. TO TOWN 19. SOCIAL SECURITY NO. 218. TO TOWN 19. DOTTH 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY: MEDICAL SECURITY NO. 218. TO TOWN MYS. DOTTH 19. OUNTY 19. DOTTH 19. CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OSSASE OF CONDITION GIVEN IN PART 19. DATE OF OPERATION 19. CONTRIBUTING CAUSE OF DEATH 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 19. DUE TO, OR AS A CONSEQUENCE OF (c) 220. TOWN 2218. TOWN 2228. TOWN 2239. CAUSE OF DEATH MEDICAL SAME 19. CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OSSASE OF CONDITION GIVEN IN PART 19. CONTRIBUTING CAUSE OF DEATH 19. CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OSSASE OF CONDITION STREET 236. DATE RE 237. DATE RE 238. DATE RE 238. DATE RE 238. DATE RE 238. DATE RE 239.	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R he sp he		22b. SIGNATURE	view the body offer deoth.	22c. DATESIGNED
the Date D		(men	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	111888
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of of shoot	23a B	URIAL, CREMATION, REMOVAL	123b DATE 123c NAME OF CEMETERY OR CREMATORY 123d LOCATION	N N D
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14. X	#5,6,FilmG5 FOR 1-STATE REGISTRAR	574 12/30/82 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
Y	1. DECEASED NAME FIRST	MIDDLE LAST	REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
1 24	LEON	ARD KABIK	~on. 13,82 10:19Pm
6 6 d	3. SEX	4. RACE 5. DATE OF BIRTH 1916	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(1)	MALE	WHITE MAR. 18-1915	66 67 YRS. MONTHS DAYS HOURS MIN.
1000	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED XXVIEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
1 1000	MARYLAND	USA WIDOWED DIVORCED	BALTIMORE COUNTY MD.
1 1 1	RANDALLSTOWN	(11). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION BALTIMORE COUNTY GEN .HOSP.	120 USUAL OCCUPATION (174PE OF WORK FOR MOST OF WORKING LIFE)
120	USUAL RESIDENCE (IF NURSING HOM	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OF ERATOR FOOD CO.
NN 22 A SE	MARYLAND 136 CO	BALTO. BALTIMORE 136. INSIDE CITY LIMIT	5 TENTMILL LA., APT. H #21208
MARYL mpletely and 2 st	14. FATHER'S NAME FIRST HERMAN	KABLK 15. MOTHER'S MAIDE	MIDDLE
IMORE, n and co Pages 1	WAS DECEASED EVER IN U.S.		MRS. ANN KABIK APT. H
TON ST., BALI	PART I. DEATH WAS CA	ranly one cause per line far (a), (b), and (c) USED BY: DIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ss that the death c red by the attendir please emove card rial, cremation, ar , or other traumati	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	TERMINA DISEASE OF CONDITION CIVEN IN PART ICO
		NI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
L RECORDS, te low requirence in the been signification on the permit. There are prior to be now any injurity to the same prior to the sam	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OF VITA CIAN: Ti physicic rrificate ol-transit tral Hygin	OR COLUMNIC COLUMN	FDEATH HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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DI TTENDIN Sital ar aft TOR: Aft for use at	220.1 certify that (I) (this h	aspital) attended the deceased from 19 2, and that in (my) (aur) apd not) view the bady after death.	inian death accurred an the date and hour and from the causes stated
at OR A ithe hos A L DIREC etoched ite Dept it If Item	226 SIGNATURE	DEGREE ATTENDIN PHYSICIA	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detained by with the State with the State law of the State	CHASSEM	YPE OR PRINT) 22e. ADDRESS	Co. Cen. Hospital
RP RP	230 BURIAL, CREMATION, REMO-		RANDALLSTOWN BALTO. MD
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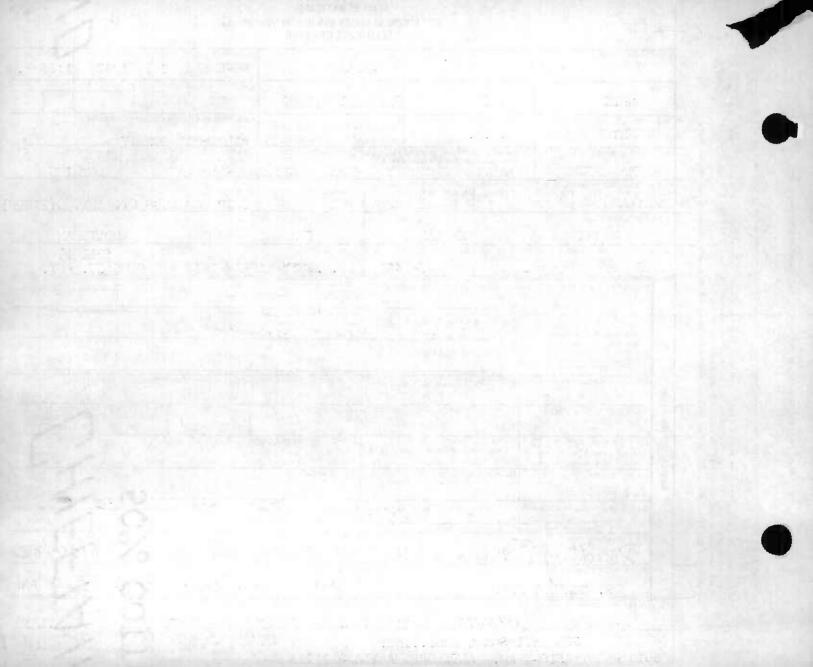
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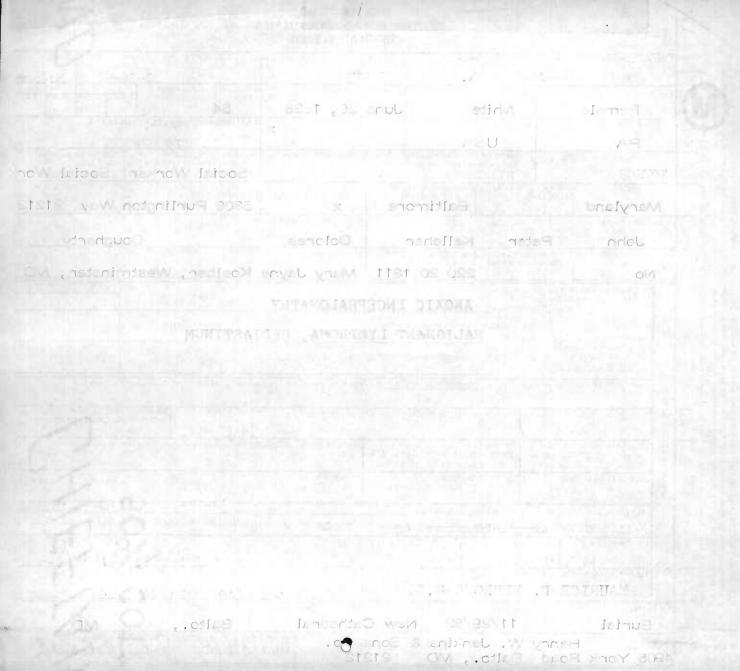
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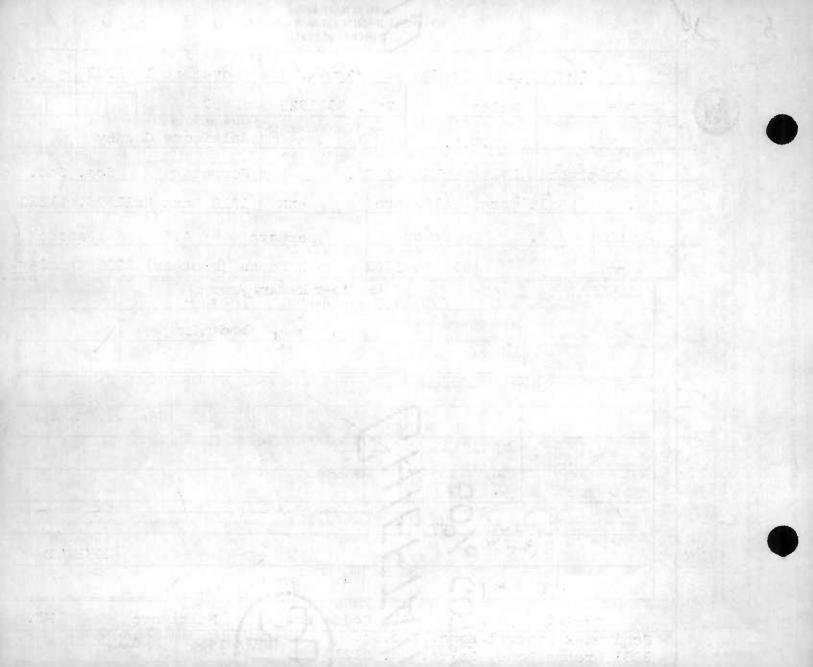
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24 FUNERAL DIRECTOR Loring Byers Funeral Directors

8728 Liberty Rd. Randallstown, Md.

FOR

REGISTRAR

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IF UNDER 1 YEAR

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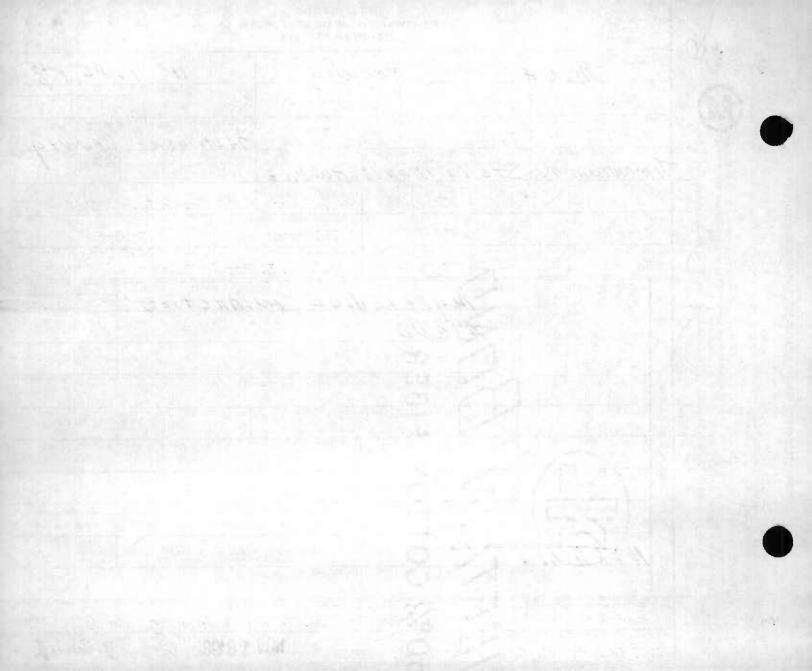
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DHMH - 16 50M 1/81 (VRA 15, 4)



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V	ı	FOR - STATE REGISTRAR	DEPARTMENT C	ATE OF MARYLAND F HEALTH AND MENTAL HYO FIFICATE OF DEATH	GIENE 8 2 2	28077
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ge 4 ma	3. SE	Female '		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR - IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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he law re an. has been to permit ene prior aws any is	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY? 20b. IF IN CE	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ION OF VITA HYSICIAN, TI nding physici his certificate burial-transit 8 Mental Hygi or them 18 sh	6	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	N 18, PART 1 OR PART 2)
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NTENDING spital ar o CTOR. After far use as of Health		22a. I certify that (I) (this haspital saw the deceased alive on above, In (we) (did) (did not)	October 30 19 82	July 19 78, and that in (my) our opinion	, to <u>October</u> death accurred on the date and	hour and from the causes stated
TO HOSPITAL OR A retained by the hor TO FUNERAL DIREI should be detached with the State Dept.		72h SIGNATURE	exil)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 216 Z 21030
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DHMH - 16 50M 1/81 (VRA 15, 4)

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3. SE			4. RACE		5 DATE O		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
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10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF H	HOSPITAL, NURSING	G HOME	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b. KIND	OF BUSINESS OR
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STATE OF MARYLAND

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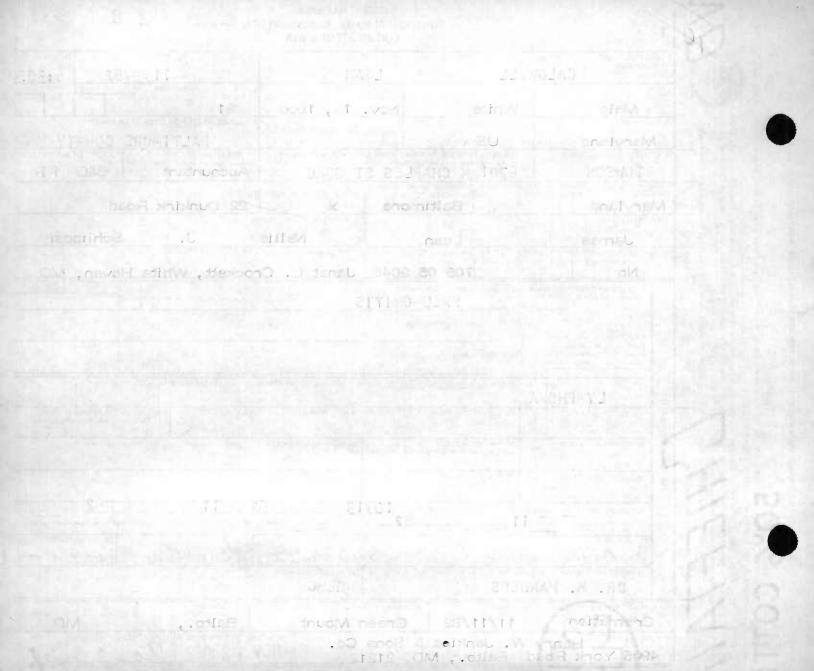
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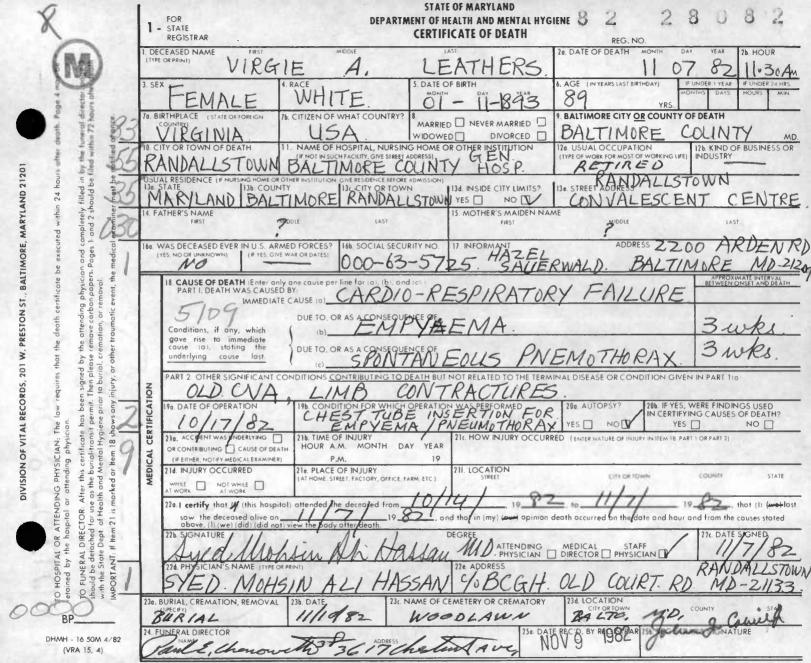
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N		- STATE REGISTRAR	DEFA	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
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10	3, 58	The second secon	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
-	1	Male	Black	12 S 18	63	MONTHS DAYS HOURS MIN.
R	300	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH
36		TOWSON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST GREATER BALTO		12a. USUAL OCCUPATIO	IN 126 KIND OF BUSINESS OR
	USU 13e.	AL RESIDENCE (IF MURSING HOME STATE Md.	or other institution, give residence bunty 13c. CITY or 1 Balto		130. SIREET ADDRESS 1431 HOI	mestead St. 21218
20	14. F.	ATHER'S NAME FIRST	C. Lassite	r, Sr. Pearl		LAST
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	25	H	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	2 8 U	8 1
68	Res.		DECEASED NAME FIRST	MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
90	435/1		CAL	DWELL	LE	AN		11/9/82	6:30RM
90	WE'	3.	SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAYS	
90	11	1	Male	White	Nov	15, 1900	81	YRS.	
46	25 8	5	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT C	OUNTRY? 8. MARRIE	NEVERMARRIED		R COUNTY OF DEATH	
deat	39 3	4	Maryland	USA	WIDOWE			IMORE COU	
201 rs. ofter		9	TOWSON	6701 N	CHARLES S	T GBMC	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O ACCOUNTAR	F WORKING LIFE) INDUSTR	OF BUSINESS OF
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 BIOG PHYSICIAN: The low requires that the death certificate be executed within 24 hours.	filled in nould be	de l	SUAL RESIDENCE IF NURSING HOA 30. STATE 136 CF	OUNTY / TIE CIT	IDENCE BEFORE ADMISSION) IY OR TOWN Altimore	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRESS 22 Dunki	rk Road	
RYLA within	2 sh	24	I. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		TZA
MAI od v	puo puo	OX	James		ean	Nelli	e J.		ipper
ORE,	nd co ges 1 dice	1 10	B. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
IIMC 9e ee	Pogn.		No		05 3046	Janet L. C	Crockett. W	hite Haven	. MD
BALI	ysicio opera vol.		18 CAUSE OF DEATH (Ente	er only ane cause per line far USED BY:	(a), (b), and (c)			APPRC BETWEE	OXIMATE INTERVAL
T. ST.	опро ете еven	1		DIATE CAUSE (a)	NEUMONITI	S			
0 £	corb , or r		2 4860	DUE TO, OR AS A C	CONSEQUENCE OF			10	
RESTO deoth	nove corb ation, ar	4	Conditions, if any, which	(b)					
W. P.	by the se rer crem		cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF				
s, 20	n pled buriol ry, or			NT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia
Pequ requ	Then sign or to bu		L YMPHO	• •					
AL RECC	hos bee t permit. iene prio	2	L YMPHO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
OF VIT	nding physicion nis certificate hu burial-transit p Mental Hygien oc.ttem 18 shay		00.000.000.000.00	F DEATH HOUR A.M. ME	ONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IV IN ITEM 18 PART 1 OR PART 2)	
VISION G PHYS	or attending p After this certifice os the burial- althond Mento morked or them		OK CONTRIBUTING CAUSE OF CAUSE	210. PLACE OF INJU (AT HOME, STREET, FACTO	JRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE
TENDIN D	TOR: African or TOR: African or USE o of Health	1	220.1 certify that (1) (this h	ospital) ottended the decea	19.82 , at	nd that in (my) (our) apinion	82, ta 11/9 death occurred on the do	, 19 82 ate and hour and from th	, mai (ii (we) lasi
AL OR A	retained by the hosp TO FUNERAL DIREC should be detached to with the State Dept.		22b. SIGNATURE	nder 5	eath.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF / //	TE SIGNED
SPIT	LER Le de de de Sto	1	224 PHYSICIAN'S NAME (T	YPE OR PRINT)		22e ADDRESS			
Ğ	POR th		DR. M. M	ANDERS		GBMC			
1000	를 으로 등 출 - 3P	2	30. BURIAL, CREMATION, REMO	VAL 23b. DATE 11/11/82		EMETERY OR CREMATORY NOUNT	23d. LOCATION CITY OF TOWN Balto.	COUNTY	MD STATE
DHM	H - 16 50M 4/82 (VRA 15, 4)	2	4905 York Ro	~ W. Jenki	ns& Sons	Co. 25a. DA	TE REC'D. BY REGISTRAR V 1 2 1982		





AMERICAN CONTRACTOR OF THE STATE OF THE STAT THE WITH BUT HE AVENUE BOOK IN COLUMN TO WARRY MAN STATE OF THE REAL PROPERTY.

			CERTIFICATE OF DEATH	REG. NO.	
	ASED NAME FIRST	MIDDLE	LAST		AY YEAR 26 HOUR
(TYPE O	GERALI	D KENNETH	LEAVITT	November 10, 198	$ 11:34p_{M} $
. SEX	M	4. RACE	S. DATE OF BIRTH	C/2	IF UNDER TYEAR IF UNDER 24 HRS.
		76. CITIZEN OF WHAT COUNTRY	? 8.	9. BALTIMORE CITY OR COUNTY	OF DEATH
(CONM.	USA	WIDOWED DIVORCED	Baltimore County	MD.
RO.	SSVILLE			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
13a ST	ATE 13b. COUN	ITY 13c CITY OR TO	WN 1136. INSIDE CITY LIMITS?	130. STREET ADDRESS 212	21
-	HER'S NAME				LAST LAST
			CURITY NO. 17 INFORMANT	ADDRESS	/
(186	(IF YES, GIVI		7061 VIREIN	LEAVITT	ABOVE
1	PART I. DEATH WAS CAUSE	D BY:	_ ' // '_ '		BETWEEN ONSET AND DEATH
	1619	DUE TO, OR AS A CONSEO			44 ~
	gave rise to immediate cause (a), stating the	(6)		sed capacidora	26 005.
	PART 2 OTHER SIGNIFICANT C	(c)			
TIFICATIO	a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA	in .	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
	16 INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspit	10/16		death accurred an the date and hour	9 that (I) (me) last and fram the causes stated
2		n view the body offer death.	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
2			Inn. ADDRESS	en Bero Bal	10, ml 21221
	RIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY ACRED HEART	23d. LOCATION CITY OR TOWN BRITE	COUNTY MP. STATE
14. FUN	VERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	O. CITY OR TOWN OF DEATH BOSSYLLE JUSUAL RESIDENCE (IF NURSING HOME OR 136. STATE 136. STATE 136. STATE 136. COUN A FATHER'S NAME FRATHER'S NAME 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Conditions, if ony, which gove rise to immediate couse (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK 216. INJURY OCCURRED WHILE NOT WHILE SIGNIFICANT (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK 270. I certify that (I) (this haspin sow the deceased alive on obave, (I) (**e-t-fotig) (did not 27b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPEO	O. CITY OR TOWN OF DEATH O. CITY OR TOWN O. CITY OR TOWN OF DEATH OR WAS DECEASED EVER IN U.S. ARMED FORCES? OR WAS DECEASED EVER IN U.S. ARMED FORCES? OR WAS DECEASED EVER IN U.S. ARMED FORCES? OR WAS OBCEASED EVER IN U.S. ARMED FORCES? OR OBCEASED EVER IN U.S. ARMED FORCES. OR OBCEASED EVER IN U.S. ARMED FORCES. OR OBCEASED EVER IN U.S. ARMED FORCES. OR OBCEASED TO U.S. ARMED FORCES. OR OBCEASED TO U.S. ARMED FORCES. OR OBCEASED TO U.S. ARMED F	The country The country	THE STATE OF THE REST DATE OF THE REST D

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10					STAT	E OF MARYL	AND	. 3. 4.3	(7)	A	23
V		FOR STATE REGISTRAR		DEPART		ICATE OF E	MENTAL HYG DEATH	REG. NO.	Con	8 0	0 4
e -		CEASED NAME FIL	RST	MIDDLE	11 328	AST		20. DATE OF DEATH	ONTH	DAY YEAR	26 HOUR
			dna	Barbara	100	Lessna	r	Novambar	8,	1982	1:15AM
	3 SE	X	4 RACE		5. DATE (YEAR	6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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- Coe	70. B	RTHPLACE (STATE OR FOREI		OF WHAT COUNTRY	? 8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY OR			
000		Maryland		5.A.	WIDOWI	D Dr	VORCED	Baltimor		unty	MD.
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20			Baltimore			13d INSIDE C	NOX	13e. STREET ADDRESS 1316 Woodb	rido	e Road	21228
niner	14. FA	THER'S NAME					S MAIDEN NA	ME	4409	o mode	21220
) [30		John	WIDDLE	Noac	ck		Caroli	MIDDLE		his c	ederman
0 1		AS DECEASED EVER IN U		ES? 166 SOCIAL SEC		17 INFORMA		ADDRES:	S	Wate (JUOZINGIT
medico	(,	res, no or unknown) (IF	YES, GIVE WAR OR OAT	213-05-	-9973B	Mr.	Wilmar	H. Lassner	Sar	na as f	# 13
event, the		18 CAUSE OF DEATH	nter anly one cous					0 0	001		XIMATE INTERVAL ONSET AND DEATH
vent		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (C		(15 Dan-	utost	man Heuros	sho		20075
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or other troumatic			ost. DUE TO	d, or as a conseou	JENCE OF						
		PART 2 OTHER SIGNIEIC	ANT CONDITION	IS CONTRIBUTING TO	DEATH BUT	NOT PELATED	TO THE TERM	INAL DISEASE OR CONDI	TION CIV	ENLINE DADY 1	
njury.	S S	0	100000	Bra - 1	s a. d	2	, TO THE TERM	MITAL DISEASE ON COIND!	1014 014	FIA HAT WELL	0.
ony.	AT	190 DATE OF OPERATION	195 CC	NDITION FOR WHI	PERATIO	N WAS PERFO	RMED	200 AUTOPSY?	0b. IF YES	, WERE FIND	NGS USED
shows	FE							YES TO NOM	N CERTIF	YING CAUSE	S OF DEATH?
or Item 18 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLY		ME OF INJURY		21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY			
or Item 18		OR CONTRIBUTING CAUSE	OFDEATH	P.M.	AY YEAR						
or 12	MEDICAL	21d. INJURY OCCURRED	21e PL	ACE OF INJURY		21f LOCATIO					
9	×	WHILE NOT WHILE	AOH TA)	AE, STREET FACTORY, OFFICE,	FARM ETC }	STREET		CITYORTOWN	4	COUNTY	STATE
morked		220. I certify that (I) (this	hospital) attende	ed the deceased from	7	a-	10.79	to 11	18	10 82	that (I) (see) last
21 is		sow the deceased of	ive on	11/7 19	82/1	nd that in (my)	(out) opinion o	death occurred on the date	and hou		111 (111) 1001
If Item 2		obove, (I) (ma) (did) (22b. SIGNATURE	did not) view the b	oody after deoth.	~	DEGREE				22c. DATE	
+		Dune	Dian	On.		4 A A	ATTENDING _	MEDICAL STAFF		11	18/82
MPORTANT		22d. PHI SIGNAN'S NAME	1/10	W.		22e ADDRES	PHYSICIAN E	DIRECTOR PHYSICIA	N	11	0102
DRTAN				7 18 6						00 .	04000
OW-	-	James J. N		1.D.				ll Road, Bal	timo:	e, Md.	21229
	(URIAL, CREMATION, REM				EMETERY OR C		23d. LOCATION CITY OR TOWN		COUNTY	STATE
- 1		Burial			oudon	Park Ce	emetery	Baltimor			Md.
/81			zke P.A.	Uppuc77			250 DAT	F REC'D. BY REGISTRAR 25	O IST	rar's signa	TURE
	16	30 Edmondsor	Avenue,	Catonsvil	le, M	d. 2122	8 .111	21 Q 1985	000	ugh 1	shell

Firm 1 Communication Court Communication 8, 1982 1918

Firm 1 Court Cour

August 1 Andrew P.A. Carenasiste, No. 21220 MART 1985 S C. D. Calif.

b	FOR STATE REGISTRAR	DEPAR	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	2 8	i, j	රි ව
	1. DECEASED NAME	MIDDLE	1	(LEVY)		ONTH DAY	YEAR 26.	HOUR
	pen	WILLIAM	d	ency	//	600	12 6	2165 M
	3.5EX 4	RACE	5. DATE		& AGE (IN YEARS LAST BIRTHD			UNDER 24 HRS
	MALE	WHITE	10 AC	1916	66	MONTHS	DAYS HO	DURS MIN.
0		b. CITIZEN OF WHAT COUNTR	Y? 8.		9 BALTIMORE CITY OR	YRS OF DEA	ATH	
F	COUNTRY)		MARRIE	DXX NEVER MARRIED				
1	MARYLAND 10. CITY OR TOWN OF DEATH	U.S.A.	WIDOW			<u>ORE COUN</u>		MD
n	IN CITY OR TOWN OF BEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 	SING HOME (EET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION		(IND OF BL JSTRY	USINESS OR
2	PIKESVILLE	PIKESVILLE NU		HOME	ACCOUNTANT		COUNT	TNG
6	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)			17.0	COOM	1110
$^{\prime\prime}$	FLORIDA 135 COUNT				13e. STREET ADDRESS			
7	I4 FATHER'S NAME	HALLAND	ALE	YES NO 15. MOTHER'S MAIDEN NAM	501 THREE	ISLAND B	LVD.	#33309
Ü	FIRST MI	IDDLE LAST		FIRST	WIDDIE		LAST	
1	SAMUEL	LEVY		DORA		U	NKNOW	N
g.	160 WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SEG	CURITY NO.	17. INFORMAN MRS. M	MILDRED LEVYS			
۶.	NO	219-07-	3053A	8 GEARY COURT				
	Conditions, if any, which gave rise to immediate cause io, stating the underlying cause lost	CAUSE (0) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO		(ar Cenoma	y myrorg-me	lastase,	10 4	llars
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO				ION GIVEN IN P		HCCD
_	RTIFIC		, O EKATIO	THE STERI CHARLED		N CERTIFYING C.	AUSES OF	
1		21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR P	ART 2)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E FARM ETC	211 LOCATION STREET	CITY OR TOWN	CON	NIY	STATE
	22a. I certify that (I) (this hospital saw the decease a give on obave, (I) well did), did nati	approx 10	75_, or		to afflict. death accurred an the date		am the caus	
	Bernard D	urgin Mit)		MEDICAL STAFF DIRECTOR PHYSICIAL		DATE SIG	82
	22d. PHYSICIAN'S NAME (TYPE OR P	RINT)		22e. ADDRESS			1	

23c. NAME OF CEMETERY OR CREMATORY

BETH JACOB CONG.

DHMH - 16 50M 1/B1 (VRA 15, 4) 74 FUNERAL DIRECTORSOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215

11-8-82

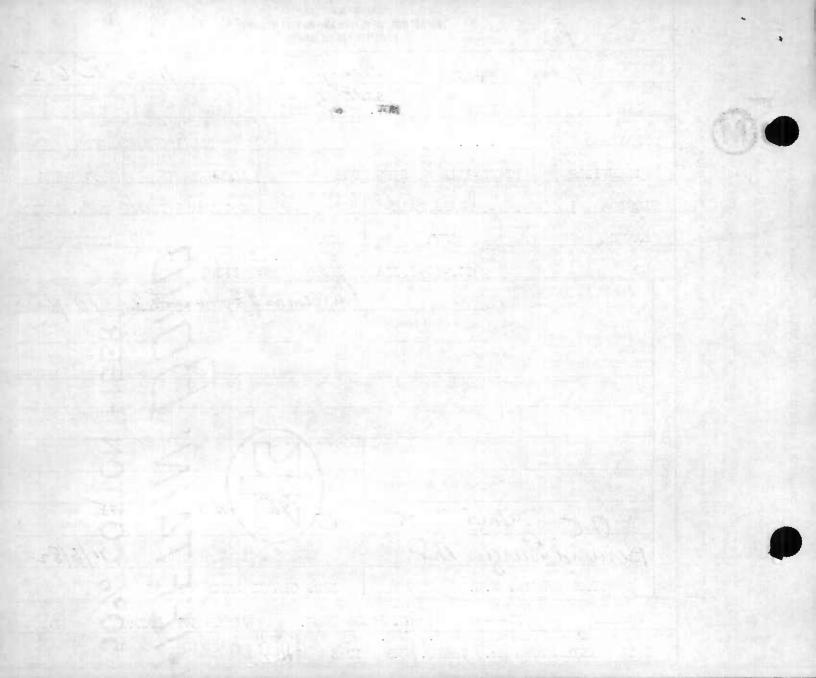
23b. DATE

BERNARD BURGIN, M.D.

230. BURIAL, CREMATION, REMOVAL

ORY 23d LOCATION CITY OF TOWN FINKSBURG CARROLL MD STATE 2. DA E REC'D. BY REGISTRAR 250 REGISTRAR'S DIGNATURE

3809 CLARKS LANE



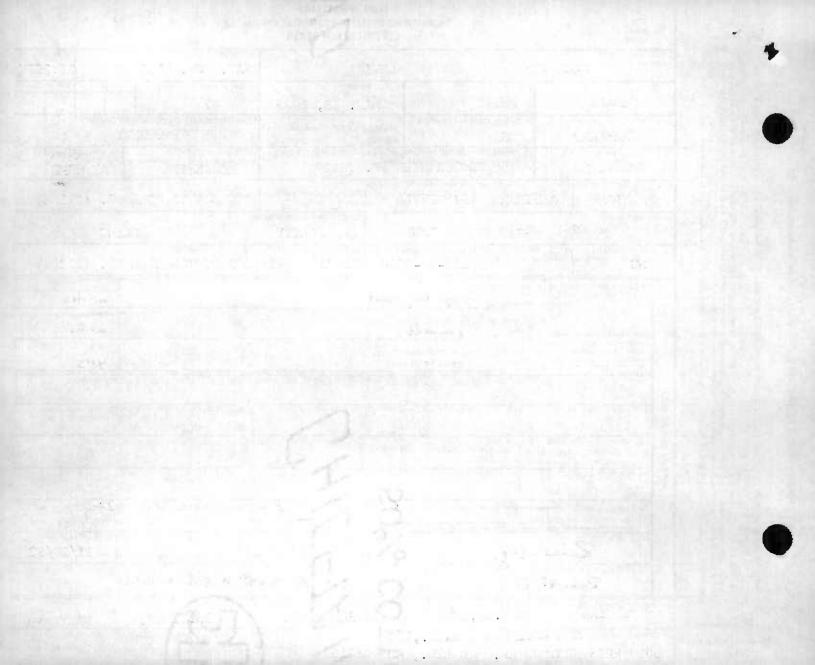
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BALTO. MD

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(VRA 15, 4)

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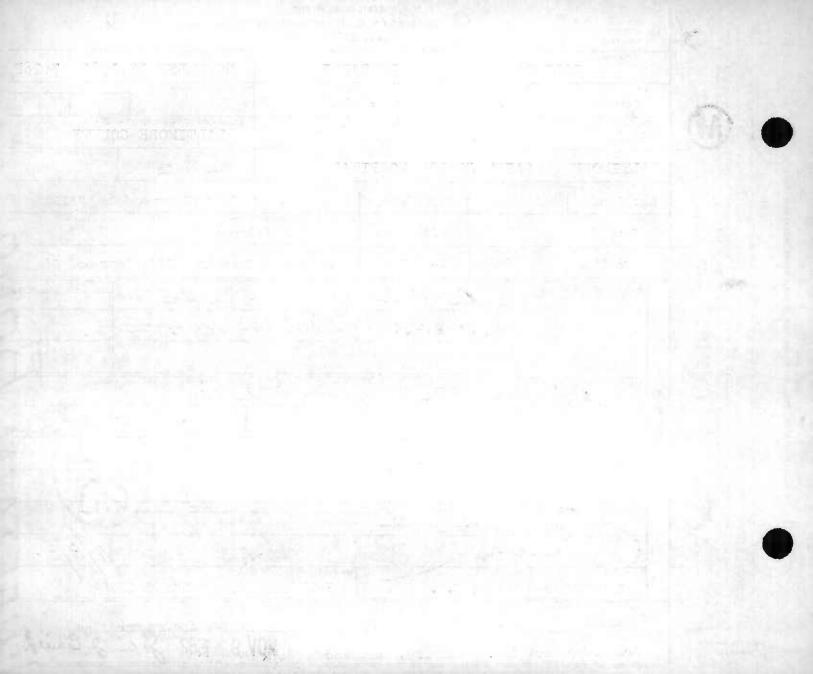
LEGG Hygrand of Popular 6075 Received to the the wife the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VR A 15 (4))

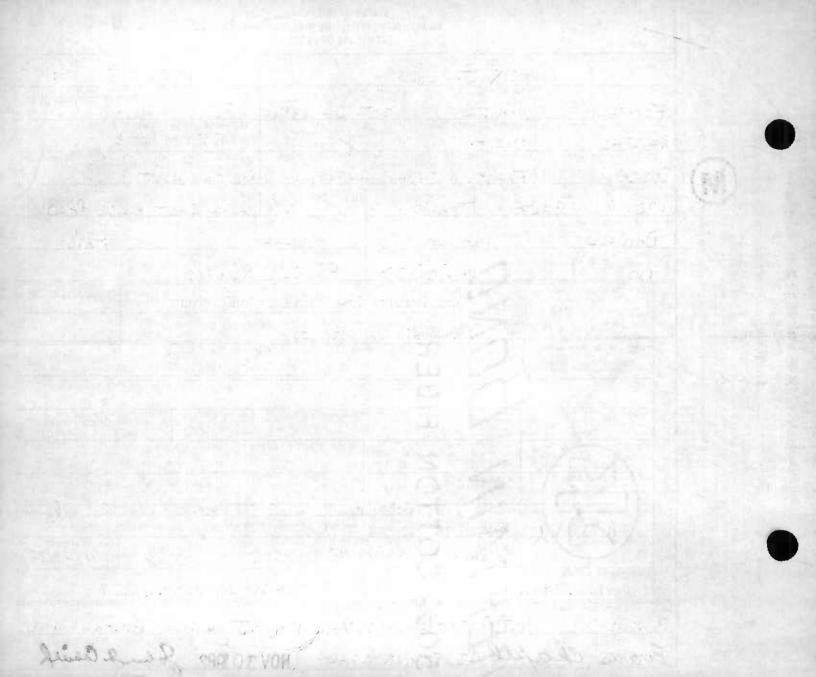


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0	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	20072
(M)		CEASED NAME FIRST	CATHERINE		MORE - 1	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR 25
e 4 mar ctor, peg s afte	3 SE	em a la	4 RACE Caw	5. DATE (6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
oth. Pog	1	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	76 CITIZEN OF WHAT COUN	MARRIE WIDOWI	DIN NEVER MARRIED	BAIT CO	
ofter de yy the fun notified of		BAIT. CO.	11. NAME OF HOSPITAL, N	URSING HOME		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126. KIND OF BUSINESS OR INDUSTRY HOMEMAKING
24 hours filled in by bould be fill	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 130. CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2912 Topa:	Balto., Md z Rd. 21234
BALTIMORE, MARYLAND cote be executed within 24 spicion and completely fille opers. Pages 1 and 2 should wold. it, the medical examiner muy		ATHER'S NAME FIRST MTCHAEL	MIDDLE JON!	Šs	15. MOTHER'S MAIDEN NA FIRST ELIZA	MIDDLE	o'connor
ALTIMORE, It be execute cicion and concicion and confidence. Pages 1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	WE WAR OR OATES!	SECURITY NO.	Mrs. Wm. 1	821s Essig Balte	Petem Rd. o., Md. 21087
DS, 201 W. PRESTON ST., B4 quires that the death certificat signed-by the otherding physis hen plebse remove carbon pap to buriol, cremotion, or removo jury, or other troumatic event,	z	PART 1. DEATH WAS CAUSE 4292 IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	lionosaed	MINALDISEASE OR CONDITI	e years.
RECOR low rec os been sony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20 1N YES NO	Ib. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES NO
C PHYSICIAN: The ottending physicion for this certificate his the buriol-tronsit p tond Mental Hygien ked or Item 18 show		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
DIVISION DING PHYS or otherdir After this se os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, EACTORY, C	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI ospital ospital ospital ospital ospital ospital ospital is m		22a.1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did n	outol) ottended the deceosed f n	19 o		death occurred on the date	ond hour and from the causes stated
by the ho by the ho ERAL DIRE: e detoched Stote Dept		22b. SIGNATURE		. D.		DIEDICAL STAFF	11/29/82.
TO HOSPITAL retained by the TO FUNERAL should be determined by the Should be determined by the Short should		SPACH	V. VATI		27e ADDRESS		
BP	I	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11-30-82	Parkw	emetery or crematory od Cemeter		
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director assahn Funer	cal Home 740		- /	TE REC'D. BY REGISTRAR 256.	and Cohief

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DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED EMILY MAE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNG 8 1895 87 YRS Feb Female White DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) Rhode Island U.S.A. BALTIMORE, COUNTY WIDOWED DIVORCED S. RETAIN PAGE SHOULD BE FILED. II. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY TOWSON - 6701 N. CHARLES Homemaker STREET Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore 130 STATE 3c CITY OR TOWN 13d. INSIDE CITY LIMITS?
YES NO 2410 Stanwick Rd Phoenix 21131 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES I AND SIVISION OF WITH Kershaw Benjamin Emily Tattersall 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 021-05-3946E E.E. MacCulloch 2410 Stanwick Rd No 18. CAUSE OF DEATH (Enter only one cause per line for all ib), and ic) USED AS A BURIAL - IRAINS...
OF HEALTH AND MENTAL HYGIENE,
OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, FORWARDED TO THE CHI FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENTO YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK 228 I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide death resulted from Natural causes Undetermined manner EXAMINER'S NAME CHARLES O'DONNELL, M.D. ADDRESS 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE Catonsville, Balto. Co. Md. Westview Cemetery 2 Nov 1982 Cremation 24 FUNERALDIRECTOR Timonium, Md. ADDRESS **DHMH-17** VR A15 ME (5)) Martin D. Lawson 10 W. Padonia Rd. 21093 15M 2/80

Column to the Column Co the local distriction is the relation of the later of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

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	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	1. DECEASED NAME FIRST (TYPE OR PRINT) CATHERI	NE	P.		CKIN	20. DATE OF DEATH Novemb		, 1982	25 HOUR
1	3. SEX Female	4 RACE White		S. DATE (of BIRTH (St. 28, 1938)	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1	BIRTHPLACE STATE OR FOREIGN Maryland	U.S.A		MARRIE		9. BALTIMORE CITY O Baltim			MD.
1	Towson	IF NOT 8 SU	New Fores	CoreCou	DR OTHER INSTITUTION TT	News Corre	_		B. News
1	DISTRICT OF COLUMN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 2700 Virg	inia /	Ave. N.	D.C W. Wash.
Y	14 FATHER'S NAME FIRST Francis		ackin		15. MOTHER'S MAIDEN NA/ FIRST Catherin	e		Gilloo	
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECUI 213-36-4		Mrs. Margare	t M. Ruth 8		Forest	Court
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVE	EN IN PART 10	
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN	
	OR CONTRIBUTING CAUSE OF DE (IF ETHER NOTEY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE ATWORK ATWORK 220.1 certify that (I) this hosp saw the deceased alive an above. (P) (We) (did) (find no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE COMMENT ABOLD)	ATH HOUR A. P. 21e PLACE (AT HOME. STE STEVIEW 1 he body OFF, M.	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA e deceased from	19 RM. ETC) PL, ar	Johns Hopki	city ORTO to	wn , I ate and hour	COUNTY	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			3	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN COCKEYS	ville	COUNTY Mar	yland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Maryland

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2	FOR 1 - STATE	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYC	SIENE 8 2	2 8	3 9 9
	REGISTRAR		RTIFICATE OF DEATH	REG. N		
	DECEASED NAME FIRST (TYPE OR PRINT) Sister	Mary Athanasia	Mangan	Nov.		26 HOUR 4:05
3.	s.sex Female		ATE OF BIRTH Sept. 13, 15189	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER 1 YE. MONTHS DAY	
14	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penna.	1167	ARRIED NEVER MARRIED	Balto. C	R COUNTY OF DEATH	
95	Glen Arm	11. NAME OF HOSPITAL, NURSING HO III A Maria, 1763		12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Teacher		of Business of Cation
35	130. STATE 130. STATE BA	or other institution, give residence before admissing to the first flowing the control of the first flowing the flowing the first flowing the flowing	13d. INSIDE CITY LIMITS? YES NO	137 7853 80 PGS1	en Arm Ro	ad
30"	4. FATHER'S NAME Edward Manga:	MIDDLE LAST	15 MOTHER'S MAIDEN NA Mary K	MIDDLE		LAST
16	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES)	NO. 17. INFORMANT 91 S.Louis Ma	ADDRE rie Koest		
	<u>Z</u>	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEATH	OF 1 BUT NOT RELATED TO THE TERM			
9	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO
- (//	21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE WHILE AND WAS UNDERLYING AND WHILE AND WAS UNDERLYING WAS UNDERLYING AND WAS UNDERLYING WAS UNDERLYING AND WAS UNDERLYING WAS UNDERLYING		21f LOCATION	RED (ENTER NATURE OF INJUS CITY OR TOW		STATE
A 1 15 mons	22a.) certify that (1) (this hosp sow the deceased alive or above, (we) (did) (did)	Note O	uly , 19 78 _, and that in (my) our opinion	to NOV. 8	, 17	_, that (I (we)la he couses stated
ANI: II Hea	22d. PHYSICIAN'S NAME (TYPE)	now	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FF CIAN 🗆	TE SIGNED
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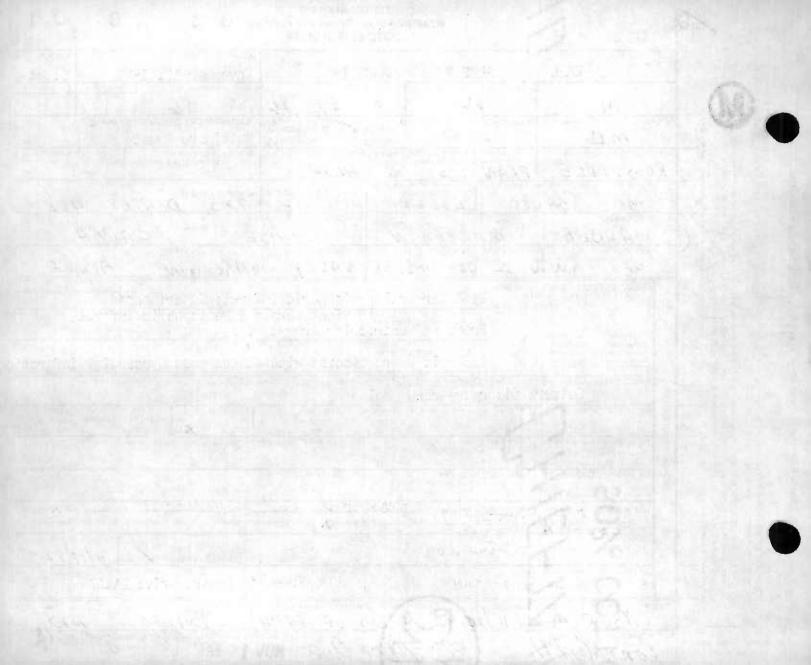
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 1 DAY 16 YEAR 8 726 HOUR (TYPE OR PRINT) Eugene Marcin -1012 M 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS January 25, 1923 White Male 59 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Baltimore County WIDOWED DIVORCED T 10 EITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESSOR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY by th Randallstown Self Employed- Furniture Finish. BALTIMORE, MARYLAND 21201 Baltimore County General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 130. STREET ADDRESS 1606 Cantwell Road 136 COUNTY Woodlewn 13d. INSIDE CITY LIMITS? Maryland 21207 Baltimors 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Grosstusck Josephine John Marcin medical ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 214-12-0451 Yes Mrs. Mary Marcin Same as APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY W. PRESTON ST. IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 114 CERTIFICATION WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? YES [NO T 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER! Ž 214 INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY ò COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED Mishah mis ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 224 PHYSICIAN'S NAME (TYPE OF PRINT ld b 7 5 23s. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 11/20/82 Dulansy Vallsy Cametary Timonium Md. 24. FUNERAL DIRECTOR Witzke P.A. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 (VRA 15, 4) 1630 Edmondson Avenus, Catonsville, Md. 21228

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be of the	1111	CARL	ALBERT	MARCOMIN	November 17	, 1982 9:56a
1	3. SEX	M	4. RACE	5. DATE OF BIRTH MONTH DAY 27 26	6. AGE (IN YEARS LAST BIRTHO	YRS.
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completely 1 and 2 sh	14 FA	THER'S NAME ALBER'T	MARCOMI	N LOVI	S E MIDDLE	CAPRA
on and co			RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) VIII 220-14-3		MARCOMIN	ABOVE
low requires that the death or sbeen signed by the attendin rinit. Then please remove cark prior to burial, cremation, or or other traumatic.	CERTIFICATION		conditions <u>contributing to c</u> re Disorder-Grand	NCE OF EART Disease with DEATH BUT NOT RELATED TO THE TERM Mal OPERATION WAS PERFORMED	INAL DISEASE OR CONDIT	
1: The lasticion. oote hos onsit per lygiene lygiene as shows	SERTIFI	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	YES NO	YES NO
DING PHYSICIAN: The low re or ottending physicion. After this certificate has been to as the buriel tronsit permit. I oith and Mental Hygiene prior marked or them 18 shows any it.	CAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK		19 21f. LOCATION	CITY OR TOWN	
TTENDIN pital or TOR: Aft for use a of Health		27a.1 certify that % (this hasp	November 17 19 8	November 12 , 19 82 2 , and that in (%) (aur) apinion DEGREE		and hour and from the causes stated 272. DATE SIGNED
At OR At the hosp At DIREC detoched is ofe Dept.		220. SIGNATURE	ann. no.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	ND 11/17/82
TO HOSPITAL OR AT retorned by the hosp TO FUNERAL DIRECthough the detached fourth the State Dept. Committee the state of t		27d PHYSICIAN'S NAME (TYPE OF SHUE) URIAL, CREMATION, REMOVAL	ZIN TUN.	PHYSICIAN [medical staff director physicia lin Square Di 1234 LOCATION	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11/6/82

REGISTRAR		CERTIF	ICATE OF DEA	TH	REG. NO.		
DECEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
Elea	anor L	MARSH	ALL		November 6, 19	82	5:10PM
SEX	4. RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	NEVER MARI	RIED 🗆	9 BALTIMORE CITY OR COUN	TY OF DEATH	-
MD.	USA	WIDOWE			Baltimore Coun	ty,	MD
ROSSY/LLE		PITAL, NURSING HOME C	OR OTHER INSTITUT	ION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		F BUSINESS OR
JOUAL RESIDENCE (IF NURSING HON 130 STATE 136 CC	DUNTY 13c.	RESIDENCE BEFORE ADMISSION) CITY OR TOWN	13d INSIDE CITY L	2	13e STREET ADDRESS 5 BRE7	7 CT	#302
4 FATHER'S NAME	MIDDLE		15 MOTHER'S MA	IDEN NAM	NE .		
BOGER	CARDU	FLL	MA	BEL	RIGG	LAS	
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166	SOCIAL SECURITY NO.	CHAS.	R.	MARSHALL	ABO	VE
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	LICED BY	orio, (b), and ichi	+				MATE INTERVAL ONSET AND DEATH

PART I. DEATH WAS CAUSED	BY: CAUSE (o) Cardiac Arrest		BETWEEN ONSET AND DEA
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) Anemia, Multiple Organ Fai DUE TO, OR AS A CONSEQUENCE OF	lure	
PART 2. OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TEI	rminal disease or con	DITION GIVEN IN PART 110
19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2)

19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 27a I certify that X (this haspital) attended the deceased from November

sow the deceased alive on above. (we) (did) (did) (b) and that in (n) (our) opinion death accurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

22d. PHYSICIAN'S NAME (TYPE OR HEIN) 22e ADDRESS Osvaldo Cruz, M.D.

23b. DATE

9000 Franklin Square Drive 23d. LOCATION

STATE MEADOW RIDGE CONNELLY

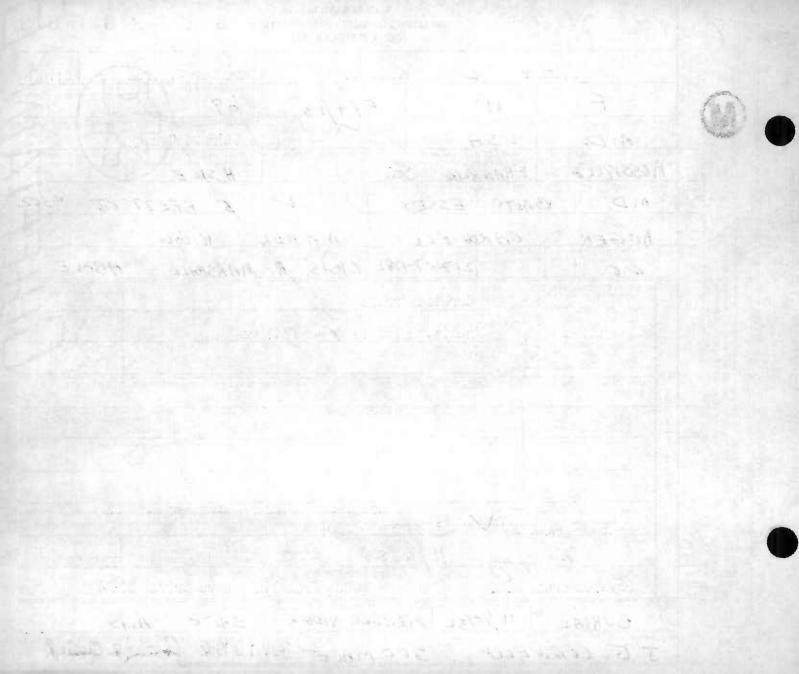
DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL

MEDICAL

or He

FOR



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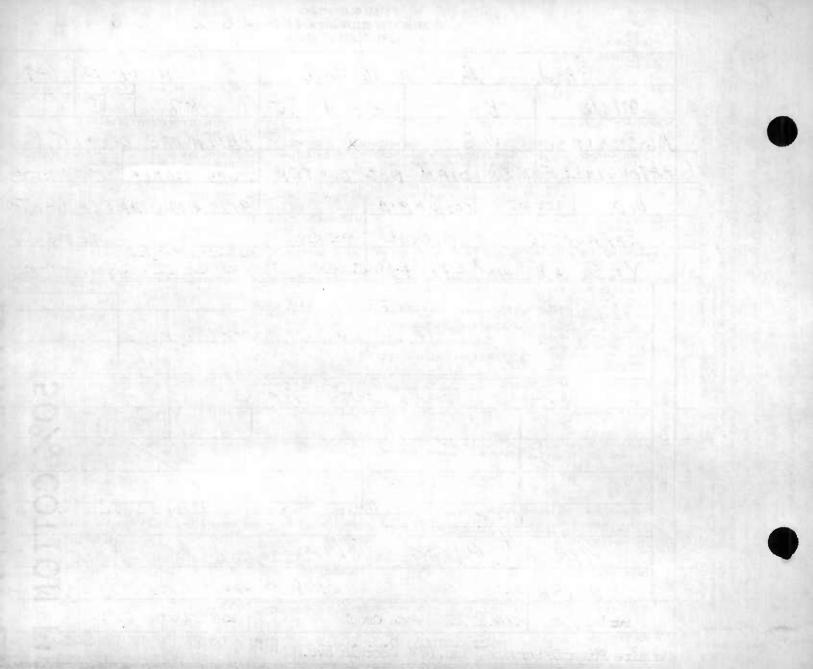
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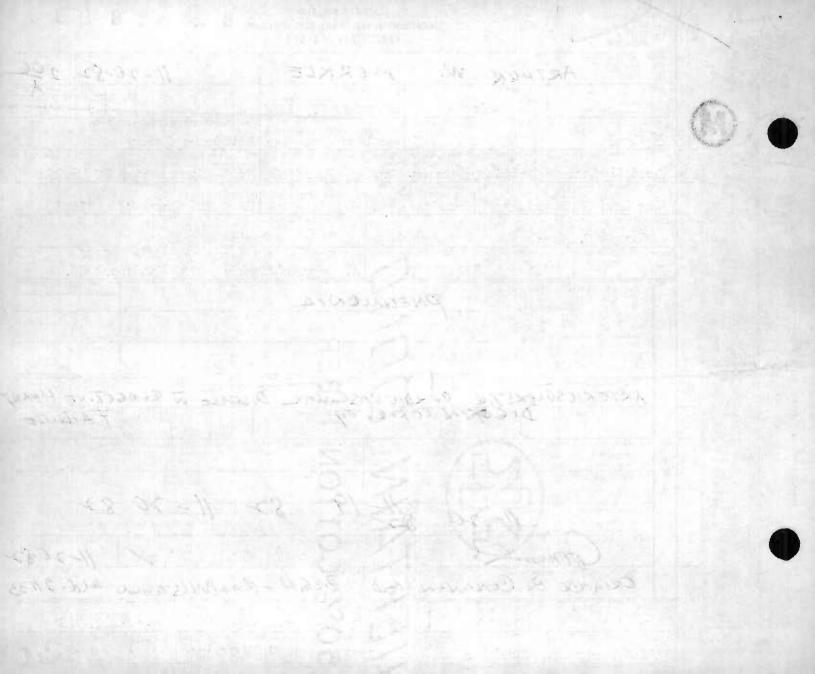
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) MERKLE ARTHUR 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) MONTH White November 24, 1890 Male TENTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland Baltimore County WIDOWEDCC DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Randallstown Baltimore County General Hospital Ret - Stonecutter RG Merkle SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 9926 Old Court Rd. Mary Land Granite 21163 NO CC IS MOTHER'S MAIDEN NAME Helen Regina Metcalf Joseph G. Merkle WoodstockADDRESS MD 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) A. Derwood Merkle 1050 Woodstock Rd. 214-22-3811 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART I. DEATH WAS CAUSED BY: DNEUMONIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARTERIOSCIEXOTIC CARDIOVASCULAR CONTON OR WELD THER CONTEX BERFORMED 20b. IF YES, WERE INDIN IN CERTIFYING CAUSES NOO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN A PHYSICIAN T 22e. ADDRES RANDAUSTONN Md. 21133 ORIANDO BE CONANTA MD. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION, REMOVAL 23b. DATE Granite Presbu. 11/23/82 Church Granite Baltimore 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

8728 Liberty Rd. Randallstown, Md 21133

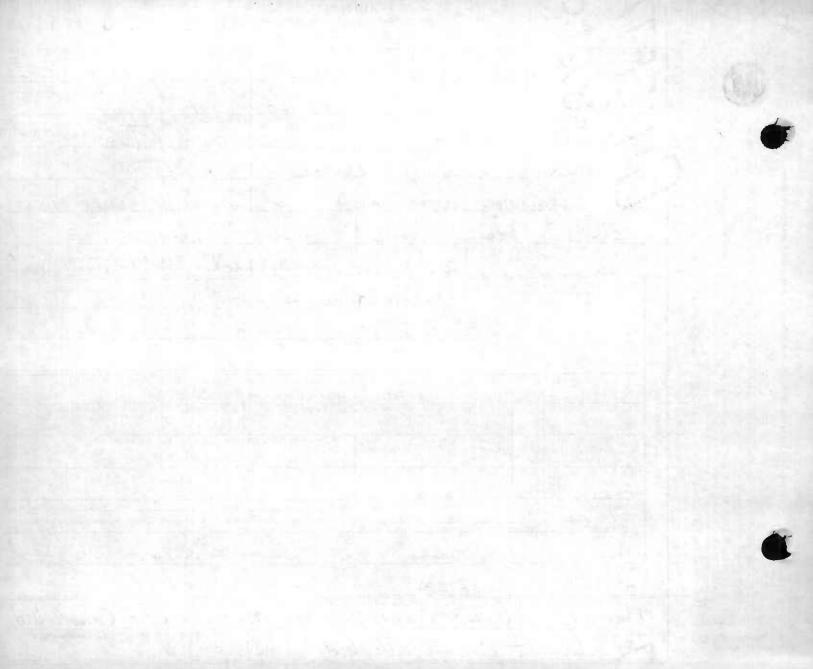
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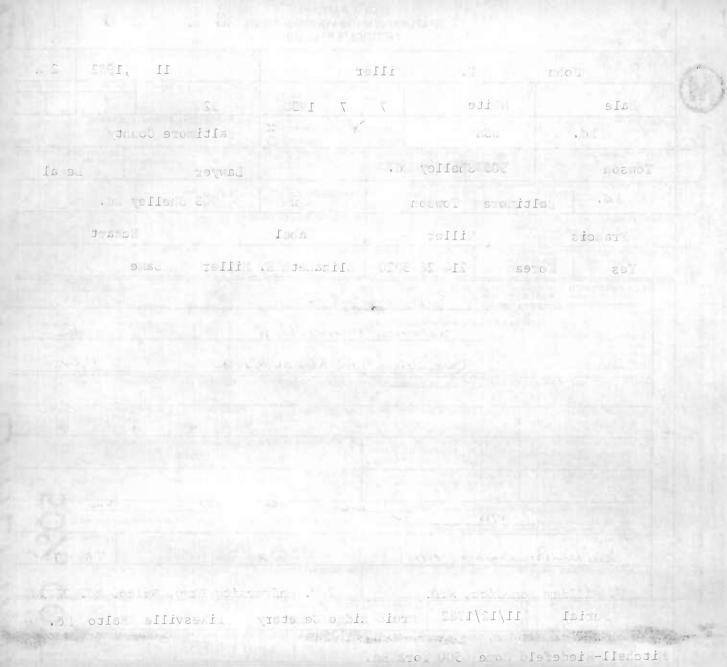
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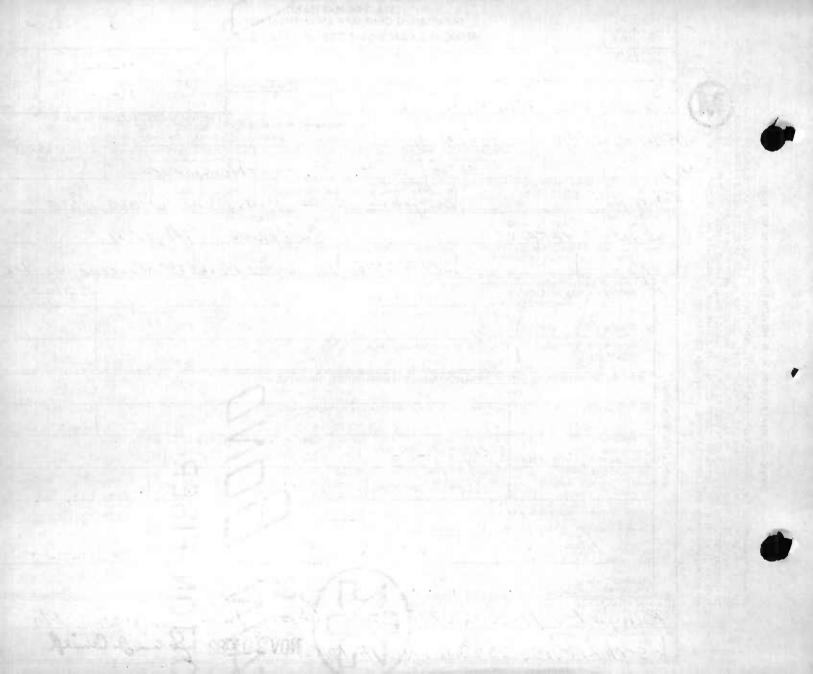
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH DAY (TYPE OR PRINT) DEATH MATED 11-21-82 MARY 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED COL DEAD JUN 8,1949 33 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED REIGN COUNTRY) BALTIMORX WIDOWED DIVORCED Baltimore County ID. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION LTYPE OF WORK 1120. KIND OF BUSINESS Arbutus Hollins Ferry Rd. @5mi. marker / OMEDIANER 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS ITIMO RK YES -NO HESAPGANE IL FATHER'S NAME LAST ATHERINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 200419 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXX pedestrian struck by train CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY STATE COUNTY AT WORK AT WORK 4530 Hollins Ferry Rd. @5mi. XX Ilroad 220 I certify that I taak charge of the remains described above, held on Inspection and in my apinian Hamicide . Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL SIGNED 11-21-82 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D 111 Penn STreet 23d. LOCATION DHMH - 17 (VR A15 ME (5)) 20M 4/B2



Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

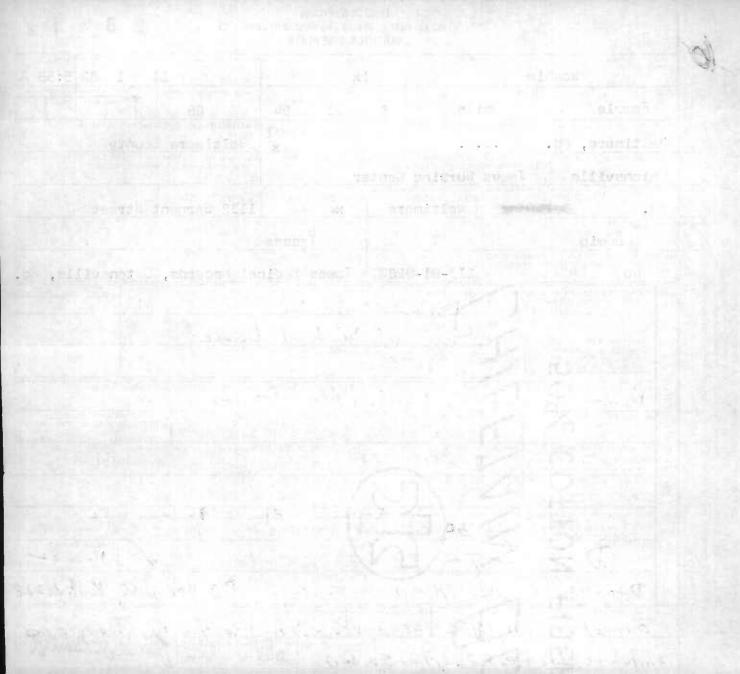
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(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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County 12b. KIND OF BUSINESS OR Outside Sales-Earle M. Jorgensen 117 Royal Oak Drive 21014 LAST Chambers Bel Air, MD. 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH arcinomo ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED Towson. MD 21204 Burial Carroll Maryland 24. FUNERAL DIRECTOR Lowing Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 8728 Liberty Road Randallstown, MD.21133 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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S. Zeiler & Son Inc. 901 S. Conkling Street

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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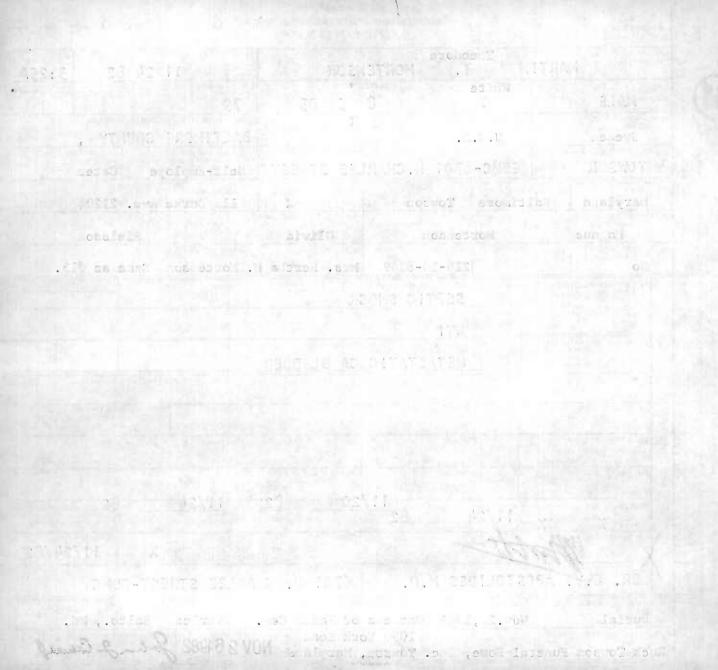
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STATE OF MARYLAND

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DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		REG. NO.	6	2 8	120	2.	
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REGISTRAR DECEASED NAME AROLINE (Carrie) MOTSCH 88 894 10-TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MARYLAND Baltimore County DIVORCED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DALTO. SQUARE MILLINER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MD. ALTO. HALLVIEW 14 FATHER'S NAME MOTSCHIEDLER BECK ARCUNE 160 WAS DECEASED EVER IN U.S. 17 INFORMANT TYES, NO OR HUKNOWN me Motroliedler - 12 Hallview Gt 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Respiratory Arrest, Hypoxia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Lung Disease Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (X (this haspital) attended the deceased from November? and that in (10) (aur) apinian death accurred on the date and have and from the causes stated

22e ADDRESS

UNITED EVANG. WITH

sow the deceased alive on November 21 1982 abave, (Kiwe) (did) (did 22b. SIGNATURE DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN P 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

David H. Ginn

236 DATE

9000 Franklin Square Drive.

24 FUNERAL DIRECTOR

- STATE

STATE

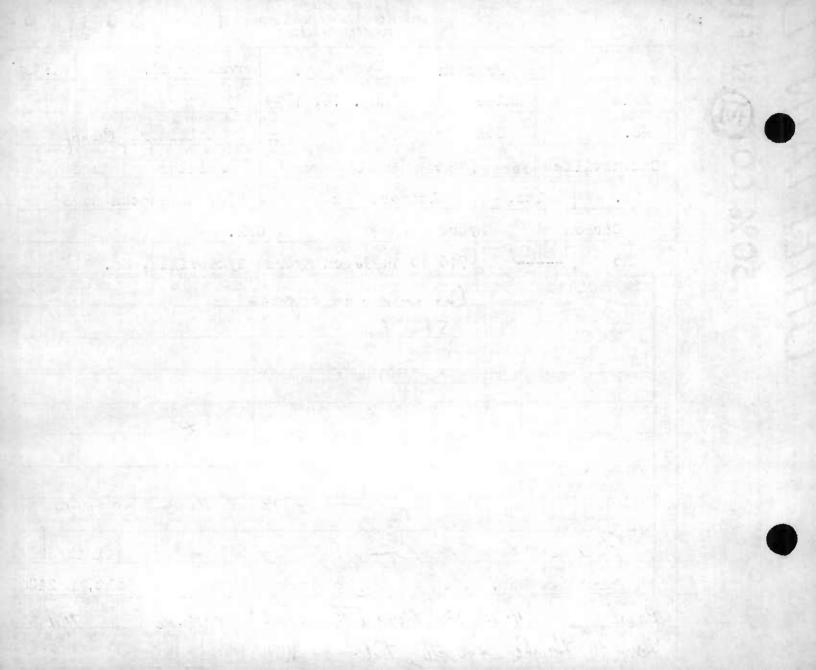
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-HUGH L. MURPHY DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Nov. 22,1901 80 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | New York USA WIDOWED XX DIVORCED [Baltimore County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY N SUCH FACILITY GIVE STREET ADDRESS)
402 Dixie Drive Towson Physician Medica1 JSUAL RESIDENCE (IF IN NURSING H OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE (ITY LIMITS? | 130 STREET ADDRESS | 118 Hewlitt Ave. New York 13c. CITY OR TOWN Nassau Hampstead . FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John E. Murphy Mary E. Gallagher 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! No 108-20-1361 Mr. Charles Cawley Towson, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a) b) and (c) TWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON IMMEDIATE CAUSE (a) DUE TO OR AS/A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF H YES NO I WRITING THE C VARDED TO THE C PAGE 3 SHOULD BE 21g. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED GENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME AT WORK AT WORK STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Homicide L Undetermined manner SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial Nov. 23.1982 Brooklyn, Kings Co., New York Holy Cross BP 24. FUNERAL DIRECTOR ADDRESS 6500 York Rd. **DHMH-17** Mitchell-Wiedefeld Home, Inc. Balto. Md. 2121 (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND



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1	male	whi		02 1	0 05	7	7 YRS
8	BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN	OF WHAT COUNTR'	MARRIED W NEV		h	OR COUNTY OF DEATH
2 2 10.	CITY OR TOWN OF DEA			WIDOWED THER	DIVORCED [12a USUAL OCCUPA	TION IS KIND O
00	ockersville		SUCH FACILITY, GIVE STRE	21030		Cabinet make	
24 6	UAL RESEMENCE IN NURSING		ION GIVE RESIDENCE BEFO		E CITY LIMITS?	13e. STREET ADDRESS	U
9/	Maeyland.	Battimore	Colkey		NON	13801 VO	ek Road.
31	1917	MIDDLE	LAST		ER'S MAIDEN N	MIDDLE	LAS
160	Frank WAS DECEASED EVER I				Millie	ADD	Haskell
1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE:	007-10-	-6414 Sh	eila N.	Bach, P.O.	Springs Mo Box 154, Sa
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IFICATION	PART 2 OTHER SIGN	lost (c) HEICANT CONDITIONS Ma	CAT	DEATH BUT NOT RELA	TED TO THE TER	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES
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		CEASED NAME OR PRINT)	FIRST		LEN		NEAL		mber 29,	1982 YEAR	2b HOUR
	3. SEX	Female		4. RACE White		Janu		79	EARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
10	No	orth Carol:	ina	U.S.		WIDOWE			RECITY <u>OR</u> COUNTY		MD.
10	7	TY OR TOWN OF DEA COWSON		Multi	- Medic	al Ce	nter institution		OCCUPATION K FOR MOST OF WORKIN PICAL	G LIFE) INDINGTON	of BUSINESS OR ersity
¢	130. S Ma	aryland	13b. COUN		13c. CITY OR TOW TOWSON		13d INSIDE CITY LIMITS? YES NO		ADDRESS Southerl		predr
)	14. FA	THER'S NAME Elias	C1	inton	Ward	1	15. MOTHER'S MAIDEN NAM Hattle	ME ,	MIDDLE	Ward	51
1	()	VAS DECEASED EVER LES NO OR UNKNOWN) NO			16b. SOCIAL SECU 214-36-8		Wîlliam H. Ne	al 881	ADDRESS 4 Autumn	Ct;Elli	cott City
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4	CERTIFICATION	19a. DATE OF OPERAT				V.	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTC	DPSY? 20b. IF	GIVEN IN PART 1: YES, WERE FINDII RTIFYING CAUSES	NGS USED
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1	MEDICAL	21d. INJURY OCCURR	RED	21e. PLACE C			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ì		22a. I certify that (I) saw the decease above, (I) (ver)				12,01	nd that in (my) (of) apinion o	, to death occurre	11 - 27 d on the date and I	hour and from the	that (1) (we) lost causes stated
		226. SIGNATURE	205	0 0 0 0 0	am 1	2		MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE	SIGNED
1		Edmund (M.D.		827 Linden	Avenue			

23c. NAME OF CEMETERY OR CREMATORY

Oakdale

1334 LOCATION Hendersonville, North Carolina

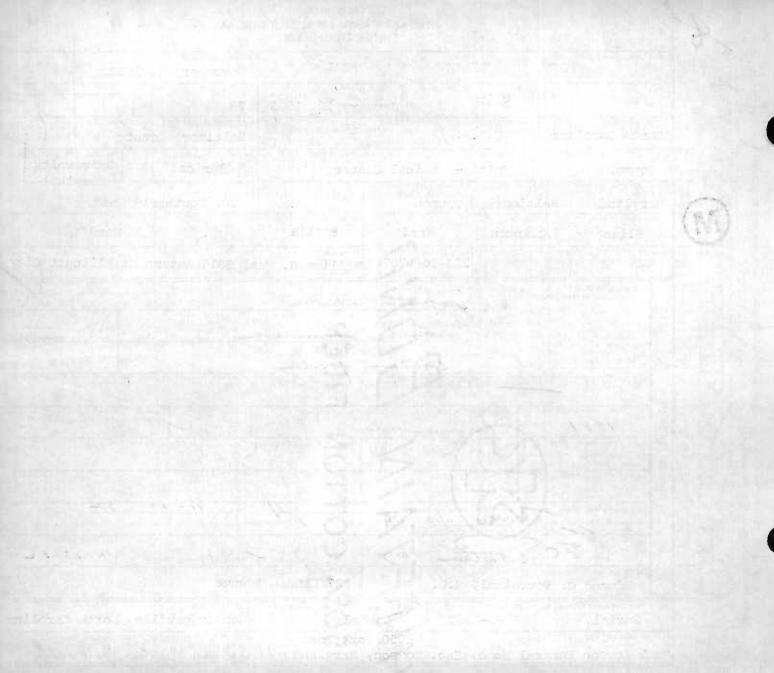
DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Ruck Towson Funeral Home, Inc. Towson, Maryland NOV 3 0 1982

23b. DATE 12-3-1982



10	1.	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2 2	8 1	2 9
	1. DE	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH		2b. HOUR
poge 3		0.1.1.0		NEMZEK		NOVEMBER 29,1		3:10.
	3. SE	x	4. RACE	S. DATE (6. AGE (IN YEARS LAST BIRTHDAY)		HOURS MI
-	1	JALS_	WHITE	MA	921 1912	YRS.		
1/1	1 .	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE C	OUNTY	
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RI	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 COL	UNTY 130. CITY	OR TOWN	136. INSIDE CITY LIMITS?	130. STREET ADDRESS	FOREST	U 0. "
e -	14. F/	ATHER'S NAME	LIO. IFAR	NYILLY	15. MOTHER'S MAIDEN N.	AME	01521	UNIV
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2 0		VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANT	ADDRESS	1121 122	
medical			W-IL 213	20 1355	Famil	4 RECORDS		
or to burial, cremation, or r	TION		DUE TO, OR AS A CO	DINSEQUENCE OF		MINAL DISEASE OR CONDITION G	IVEN IN PART 1:0	
Hygiene prior	CERTIFICATION	19a DATE OF OPERATION			DN WAS PERFORMED	YES NO X	TIFYING CAUSES O	
T w	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MOI			RRED (ENTER NATURE OF INJURY IN ITEM 18) PART 1 OR PART 2)	
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of He 21 is		sny the deceased alive		19 82	and that in (n) (our) opinion	n death accurred on the date and he	our and from the co	ouses state
Dept.		22b. SIGNATURE	Burus	_	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATES	291
with the State IMPORTANT: IF	1	GOPAL	GURUSU	NAMY	220. ADDRESS 7620. YORK	ROAD TOWSON MD	21204	
₹ 3 ₹	23a.	BURIAL, CREMATION, REMOV.	AL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY		COUNTY	STAI
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20 DATE OF DEATH MONTH LIVPE OR PRINTS Catherine Nigrin November 6. IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HR MON4-13-1905 YEAR White Female BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Md. WIDOWED DIVORCED [Baltimore County CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Foster Bros. Retired LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESOURCE BEFORE ADMISSION)

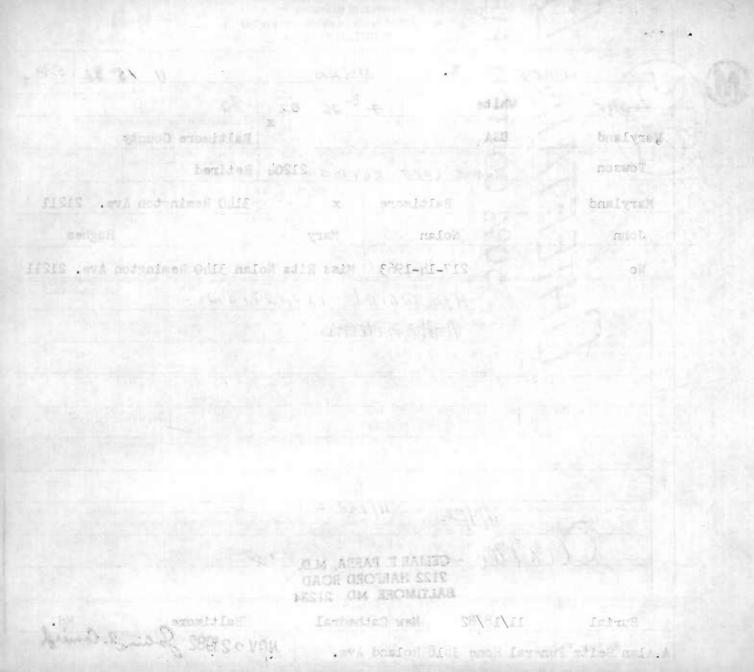
130. STATE

137. COUNTY

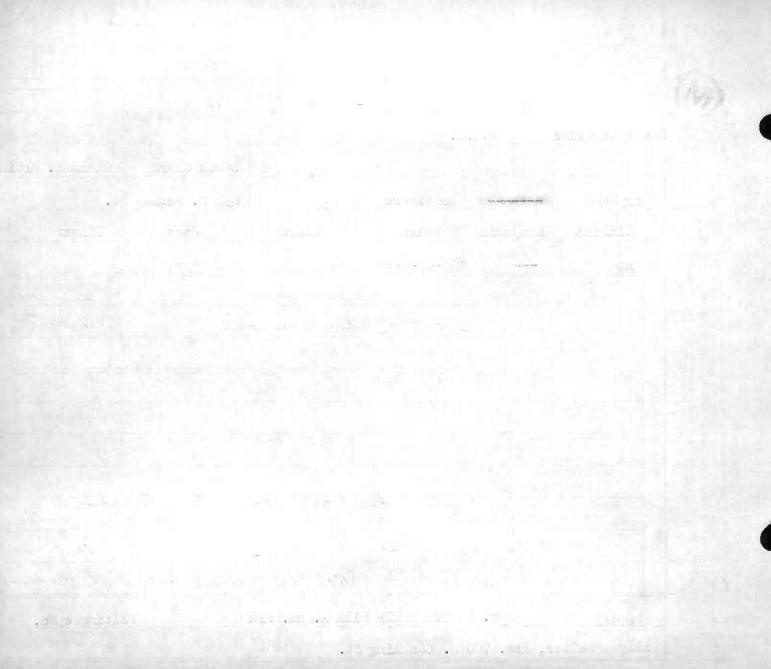
139. COUNTY 130 STREET HODRESS Avenue-21234 13d. INSIDE CITY LIMITS? YES T 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mary Unger Tharles Mieller 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NEIOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Bernadette (. Wiedeman-7708 Daniels Ave. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 4 A SCUD CHF Canditions, if any, which gove rise to immediate cause (a), stoting DUE TO, ORAS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON NO F YES 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) phis hospital) attended the deceased from and that in (my) our) apinian death accurred an the date and haur and fram the couses stated 22h SIGNATURE 22r. DATE SIGNED DEGREE ATTENDING PHYSICIAN D MPORTANT 22e ADDRESS should be vrs/cr, mD 230. BURIAL, CREMATION, REMOVAL 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Baltimore National Balto. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 John C. Miller Inc-6415 Belgir Rd. -21206 (VRA 15, 4)

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and co		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	7-U1-196		ADDRE	ss emington Ave. 212
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 24 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) Alle8 Nolen 7:30 M 11-6-82 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE DATE OF BIRTH Male White MONTH DAYS HOURS 7 -07 A BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED South Carolina U.S.A. Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Stock Clerk Glenn L. Martin Riverview Nursing Ralta MD SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 631 S. Fagley St. Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE William Finger Benjamin Nolen Clara Jean ADDRESS 68, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 245-05-3668 Frances Pilo - 923 Quantril Way APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for 10, (b), and ic PART I. DEATH WAS CAUSED BY neumerus 2 weeks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Melaslatic adeno carcin Canditians, if any, which gave rise to immediate cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 3 (d) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21b. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 71d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an Mov. Cabave. (1) (we) (did) (did not) view the bady after death 82, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 11-7-82 ATTENDING 22d, PHYSICIAN'S NAME (TYPE OR PRIME 22e. ADDRESS 1/05 OLD EASTERN AVE Ballo Md 21221 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 1982 Holly Hill M. Mem. Park Baltimore Md Burial 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DRMH - 16-60M 1/75 Lilly & Zeiler, Inc. 700 S. Conkling St. (VR A 15 (4))



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.		
	CEASED NAME	1ZAB		IDDLE	. (DBER		2a. DATE OF DEATH	MONTH D	5-82 2E	7 20
3. SE	× Female	4. RAG		e	5. DATE C			6. AGE (IN YEARS LAST BIR			FUNDER 24
	RTHPLACE (STATE OR F COUNTRY) W YORK		U.S.A	VHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED		Baltimore City of Baltimore	_		
10. C	ITY OR TOWN OF DEA	TH 11. N	AME OF H	OSPITAL, NURSIN	G HOME C	eral Hospi		12d USUAL OCCUPAT (TYPE OF WORK FOR MOST O Dietician		12b. KIND OF B INDUSTRY	BUSINESS
13a. S Ma	AL RESIDENCE (IF NURS STATE aryland	G HOME OR OTHER LINCOUNTY Carroll	institution,	Sive RESIDENCE BEFORE 13c. CITY OR TOWN Sykesvil	N	13d. INSIDE CITY LIMI YES NO		13e. STREET ADDRESS	05 Ok]	Lahoma R	oad
	Anthony Anthony	MIDDLE		Crump		15. MOTHER'S MAIDE Clara		MIDDLE		Johnso	
west (NAS DECEASED EVER yes, no or unknown) NO	N U.S. ARMED F (IF YES, GIVE WAR C		993-24-2		Phyliss Wo	ood		-	Oklahoma le, Mary	yland
CERTIFICATION	PART 2 OTHER SIGN	a	ney	otrop	Ric	NOT RELATED TO THE	ere.	NAL DISEASE OR CON 200. AUTOPSY?	20b. IF YES, IN CERTIFY	S 4 , WERE FINDING YING CAUSES OF	FDEATH?
MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING CC. (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURE	AUSE OF DEATH	1b. TIME OF HOUR A.A P.A 1e. PLACE O	a. month da a.	Y YEAR	21c. HOW INJURY OF	CCURR	YES NO			NO []
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	22a. I certify that (I) saw the decease obove, (I) (we) (c 22b. SIGNATURE SOON 22d. PHYSICIAN'S NA	d alive an did) (did nat) view	the bady of	19		DEGREE ATTENDED PHYSICI 27e ADDRESS Bulling	ING _	MEDICAL STA	FF &	ond from the cal	
	BURIAL, CREMATION, (SPECIFY) Burial		DATE 18			EMETERY OR CREMAT		Madrid Madrid		áwrence,	Ny.
	uneral director arzůllo Fur	1			rstow		ia. PA	D. BY REGISTRAR 1 6 1982	25b. REGISTE	PAR'S SIGNATUR	E

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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		- STATE REGISTRAR			CERTIFICA	TE OF DEATH	REG. N	10.		
		DECEASED NAME FIRST		MIDDLE	LAST		26. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR A
pe pe	I.	YPE OR PRINT)	JAMES H.	O' CONNOR	3		Nov. 17t	h,1982		8:30 N
moy per de	3.	SEX	4. RACE		5. DATE OF BI		6. AGE (IN YEARS LAST B	IRTHDAY) IF U		F UNDER 24 HRS
ge 4	N	Male	White		12/10)/1921 YEAR	60	YRS.		
832	0	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
de or	1	Baltimore, Md.	USA		WIDOWED	DIVORCED		County		ME
s ofter on the specified	8 10	CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET Joseph I	ADDRESS)	THER INSTITUTION	(TYPE OF WORK FOR MOST Sales, I	OF WORKING LIFE)	12b. KIND OF I INDUSTRY	BUSINESS OR
Jin be f	13	SUAL RESIDENCE (IF NURSING HOME)	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	INSIDE CITY LIMITS?	13e. STREET ADDRESS			21093
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othin 24 tely fills 2 shoul	14	FATHER'S NAME	WIDDLE	LAST	15.	MOTHER'S MAIDEN N	NAME		LAST	7-11
ad w	C	James E. O'C				Mary John	nson			
d col	16	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	JRITY NO. 17.	INFORMANT	ADDI		210	
n and co			W-2	220.14	-6750	Mrs. Louis	se O'Connor-	1401 Cha		Rd .
not the death certified by the attending place corbons, cremotion, or remotion, or remotion, or complete traumatic eve		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	R AS A CONSEQU	ENCE OF	mumm	in		5 da	yp
The low requires thicton. The has been signed sit permit. Then pleading prior to burion shows a shows only injury, or	2	PART 2. OTHER SIGNIFICATION 190. DATE OF OPERATION 1210. ACCIDENT WAS JUNDERLYING		ITION FOR WHICH			200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING	SS USED OF DEATH?
SKIAN: The ng physicior certificate h rial-transit pental Hygier Item 18 show	-9	OR CONTRIBUTION TO CALISE O	DEATH HOUR A		AY YEAR	c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I	I OR PART 2)	
DING PHYSKCIAN: The law requires that the death certificar and entition. After this certificate has been signed by the attending phease the burial-transit permit. Then please remove corbang out hand Mental Hygine prior to burial, cremation, or remandred or them 18 shows any injury, or other traumatic even		(IF EITHER, NOTIFY MEDICAL EXAM	1 _ 21e. PLACE	OF INJURY	21	f. LOCATION STREET	n/a CITY OR	OWN	COUNTY	STATE
TENDIN pital or of TOR: Aft or use of of Health	1	22a I certify that (I) (this h	onl-		82 , and th		2, ta an death occurred an the	date and havr ar		at (I) (we) las uuses stated
AL OR AL the hosp AL DIREC detoched in the best of the many of		22b. SIGNATURE	1 ar				MEDICAL ST	AFF ICIAN 🗌	22c. DATE SI	GNED 3/82
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of of of Market	2	G. BURIAL, CREMATION, REMO			NAME OF CEME	ETERY OR CREMATOR	Y 23d. LOCATION	c	OUNTY	STATE
nnBP		Cremation	11/18	8/82	Greenm	ount Cem.	Baltin	nore City	V	
DHMH - 16 50M 4/82	2	FUNERAL DIRECTOR		10000		25g. C	ATE REC'D. BY REGISTRA		R'S SIGNARY	ticel
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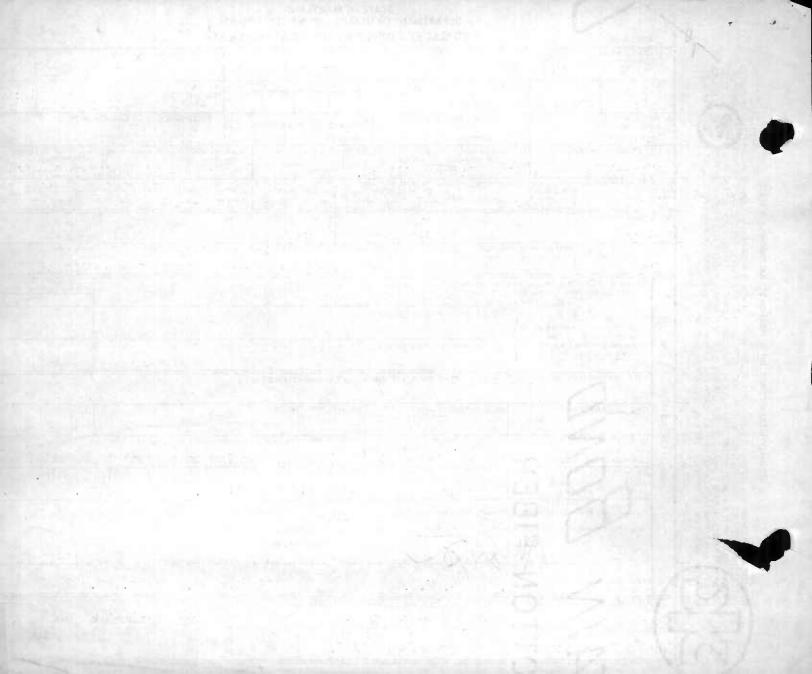
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2h HOUR B MADELYN OREM (TYPE OR PRINT) 4 RATE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH MONTH YEAR 2) uchace To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED Maryland Baltimore County, WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128. USUAL OCCUPATION 128. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MEDICINE 21234 HomeLiscensed Practical Nurse Perring Parkway Nursing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimor 13e. STREET ADDRESS Maryland 6609 Wycomb Way 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sally George Bedsworth Windsor Jane 166 SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 215-16-2907 Herbert H. Orem6609 Wycomb Way 21234 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lim for (g), (b), and (c).)
PART I. DEATH WAS CAUSED BY: (ARCINOMA IMMEDIATE CAUSE (o) Conditions, if onv. which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 19a. DATE OF OPERATION 20g AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [YES | 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF FITHER, NOTIFY MEDICAL EXAMINER) P.M 211, LOCATION 5 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) apinion death accurred on the date and hour and from the causes stated (did not) view the body ofter bleath 22b. SIGN 4 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e. ADDRESS should by 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL Cremation Green Mount Cemetery Baltimore, Maryland BP 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 William E. Johnson8521 Loch Raven Blvd. (VRA 15, 4)

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STATE OF MARYLAND

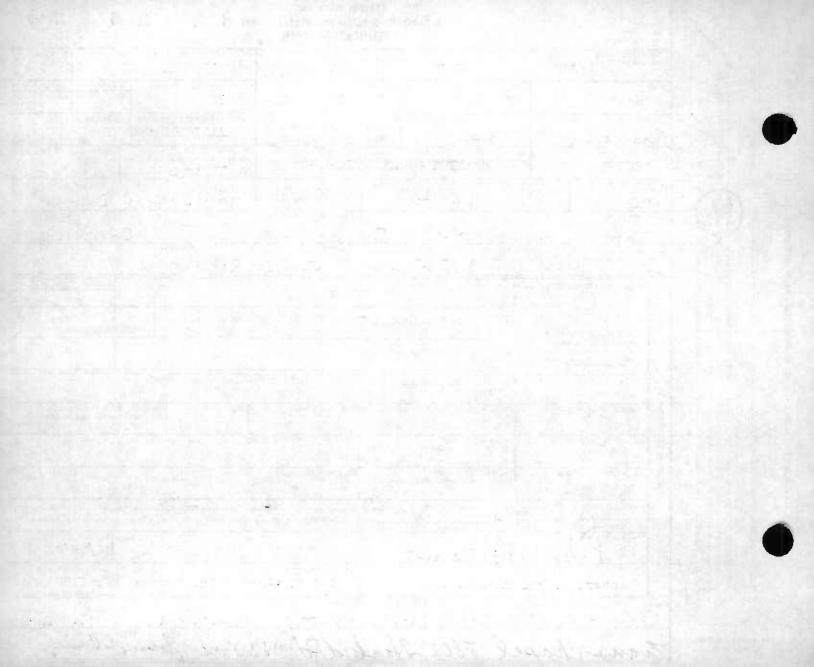
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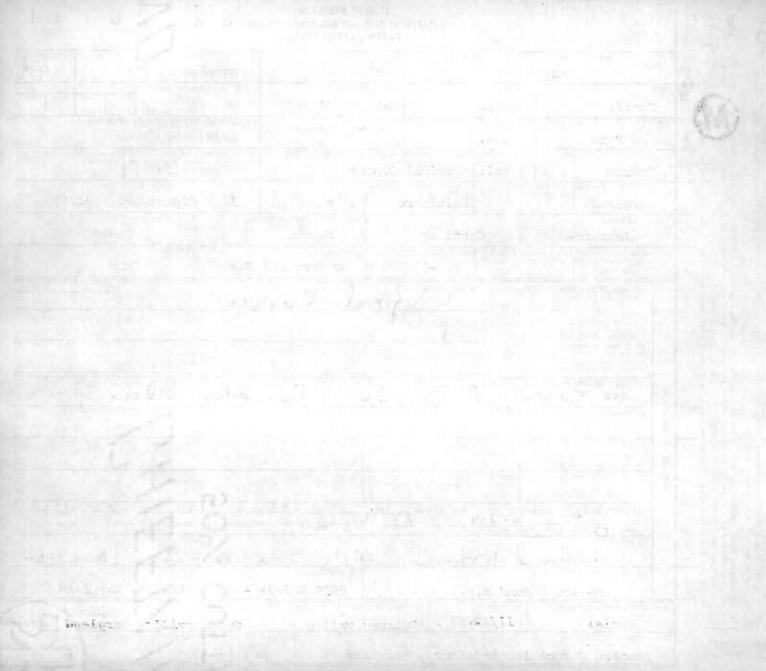
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BP	24 F	unial DIRECTO	R 0790	11/22/82 Liberty R	d F	andall	etan	2 Md 12	So. DATE RE	C'D. BY RE	GISTRAR 125			VATURE .	10
0000 DHMH - 17	To	NAME RILLY	or Finns	ral Direct	tors	Tno	2113	3	MO/	1221	982	John	~ OF	Color	1
(VR A15 ME (5))	LOI	ing byel	o rune.	LUL DUISC	0203	21000	0110		E.E.C.		(



1	1.	FOR STATE REGISTRAR -		DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. N	· 2 8	1 4 0
1	I. DE	CEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH		PAR 26 HOUR
6 6 5 E	lin.	CORPRINT	JOHN	HOWARD	PALMER JR.	11 2	29 82	1:20 A
o other o	1 SE	x M	4	RACE W	5. DATE OF BIRTH 3°NTH 16°AY YE1°2	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
35	m	IRTHPLACE (STATI		CITIZEN OF WHAT COUNTRY?	MARRIED DEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF BALTIMOR		TH
50	10 C	TOWSON		1. NAME OF HOSPITAL, NURSING GREATER BAT	G HOME OR OTHER INSTITUTION TO SSS MEDICAL CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUS	IND OF BUSINESS OR
385	13a.	AL RESIDENCE (IF	NURS IS HOUSE ON O	INSTITUTION, GIVE RESIDENCE BEFORE 131. CITY OR TOW		136. STREET ADDRESS	Sans D	RIVE
100	14. F.	ATHER'S NAME FIRST	1.1	IDDLE PALMS	15. MOTHER'S MAIDEN NA R. JR BARBARE	ME MIDDLE	CHA	NOLER
pond co		WAS DECEASED E YES, NO OR UNKNOWN		WAR OR DATES)	RITY NO. 17. INFORMANT	ADDR		
4 9	1	0		BB 10 3		1 RECORDS		PPROXIMATE INTERVAL
population		PART I. DEAT	EATH (Enter only H WAS CAUSED	ane cause per line far (a), (b), an BRONCH	d (c).) HOPNEUMONIA		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
pour cere		23910	IMMEDIATE		.02 11201101121	W-1000		
0,0				DUE TO, OR AS A CONSEQUE	TIMOR			
and		Canditions, if		(b)	TOTION			
1		cause (a), s underlying ci	tating the	DUE TO, OR AS A CONSEQUE	ENCE OF			
dl. c		Underlying E	dose lost.	(c)				
ber pl	Z O	PART 2. OTHER S	SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(a)
L permit	CERTIFICATION	190 DATE OF OP	ERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH?
Hya I	18	210. ACCIDENT WAS		216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PA	RT 2)
17 E	1000		CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR			
A Me	MEDICAL	21d (NJURY OCC		21e PLACE OF INJURY	21f. LOCATION			
pag pag	N.	WHILE NO	OT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TO	own caun	TY STATE
£ 2			t (1) (this hospite	all attended the decased from	11/1 19 82	11/2	28 10 82	, that (1) (we) last
£ ±		saw the dec	eased alive an	l) attended the deceased fram 182		death accurred an the d	, 17	, mar (i) (we) last
200		22b. SIGNATURE	e) (did) (did nat)	view the bady after death.	DEGREE			DATE SIGNED
# DO		17.5	1 st	MAD In.	ATTENDING	MEDICAL STA		/29/82
2 Z-+	1	22d PHYSICIAN	22/4	sylliam	PHYSICIAN [MEDICAL STA	CIAN	, 27,02
PORTA				Lermo, M.D.		arles St, To	owson, Md.	21204
533+		BURIAL, CREMATE	ON, REMOVAL	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION		
	1	REMAT	.00	12-2-1987 1	RESO DOUNT	BALTIMO	COUNTY	MARYLAND
4.7.90	24 F	UNERAL DIRECTO		2	110000	TE REC'D. BY REGISTRAR		
M, 2/80 , 4)	17	NAME 1 -	Nhan	V FECTAPORESS	Larford Rd NOV	301982	value of	such
	14	U WVJ	iny	00007	Targora / 14 100	O NOT		

STATE OF MARYLAND



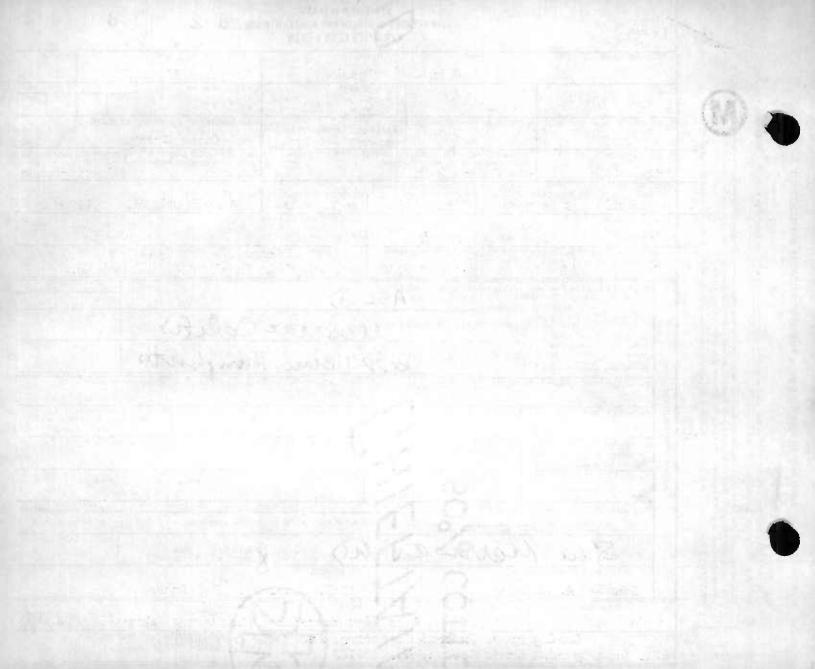


8728 Liberty Rd. Randallstown, Md.

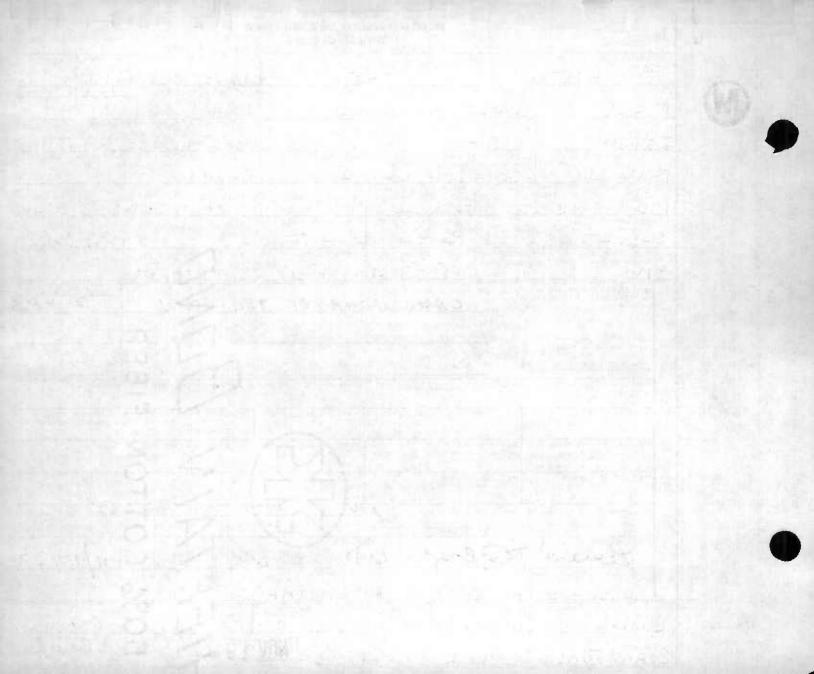
DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



6	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 8 1 4 3 CERTIFICATE OF DEATH REG. NO.
1		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
e e 3		PIETR	PASTA DOVEMBER 17 1982 "
(A)	3 SE	X	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	5	JALE	WHITE NOV. 2 1888 94 YRS. MONTHS DAYS HOURS MIN.
學 10 1977		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED DEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
To the dept	I	TALY	U.S. A. WIDOWED DIVORCED BALTIMURZ, COUNTY MD.
4 100	P	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3019506 S R
	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
S S S S S S S S S S S S S S S S S S S	~	TATE 136 COUNTY	The state of the s
4 44	14 FA	THER'S NAME	15. MOTHER'S MAIDEN NAME
1 11/130	5	ALVATORS	MIDDLE PASTA ANTONIA ANTONIA ANTONIA
S 1 co	16a V	VAS DECEASED EVER IN U.S. AR	
BALTIMORE cate be execu- systican and capers. Pages vol. 11, the medical	- {	(IF YES GIV	VEWARORDATES)
ALTI.			nly one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH
requires that the deoth certifical requires that the deoth certifical in signed by the attending physical barries, cremation, or remove rib burial, cremation, or remove injury, or other traumatic event,	NOI	Conditions, if any, which gove rise to immediate cause (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a.
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law require oftending physicion. Wher this certificate has been signs of the buriol-transit permit. Then the and Memol Hygiene prior to borked or them 18 shows any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
ON OF VITAL R IYSICIAN: The I ding physicion. Is certificate hos buriol-transit pe Mentol Hygiene or Item 18 shows	CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIAN: ng phys certifico certifico riol-troa entol H)	SAL	OR CONTRIBUTING CAUSE OF DEA	
C PHYSICIAN. The ottending physicion of the this certificate It is the buriol-transit and Mental Hygie ked or them 18 sho	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET CITY OR TOWN COUNTY STATE
D O O O O O O O O O O O O O O O O O O O			ital) attended the deceased from 19 1977 to New 17 , 1982, that (I) (we) last
ortol TOR TOR or u	15.5	saw the deceased alive an	and that in (my) (our) anining death accurred on the date and hour and from the course of the
OR AT DIRECTOR DIRECTOR DEPT. 14 Hem.	113	22b. SIGNATURE	of view the body after death. DEGREE 22c. DATE SIGNED.
,		Leonard	Toler WD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/17/82
HOSPITAL uned by the FUNERAL build be det h the State		22d. PHYSICIAN'S NAME (TYPE O	DR PRINT) 22e ADDRESS
O HOSPITAL TO FUNERAL TO FUNERAL MOUNT HOS STORE WITH THE		LionARD	MAUL BERGER MP8100 HARFORD ROAD
0000	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE
BP	6	URIAL	11-22-1982 HOLY REDSEMER BALTIMUS MARYLAND
DHMH - 16 50M 1/B1	24 FU	INERAL DIRECTOR	ADDRESS 25. DATE REC'D, BY REGISTRAR'S SIGNATURE
(VRA 15, 4)	3	IANS FUNERI	AL CHAPEL 8800 HARFURD D. TUL 19 982



21215

DIVISION OF VITAL RECORDS,

(VRA 15, 4)

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STATE OF MARYLAND FOR - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	I. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20	DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
	Hattie		EAKE		ovember 2		2.00A M
	Female 4	White	5. DATE OF BIRTH BONTH BONTH DAY 28	YEAR	GE TIN YEARS LAST BIRTH	MONTHS DAYS	
è	JIL BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	0	0.0		COUNTY OF DEATH	
2	West Virginia	USA	MARRIED NEVER	MARRIED -	Baltimore		MD
1	O CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AI Franklin Squa	DDRESS)	TITUTION 12a	USUAL OCCUPATION	N 12b. KIND WORKING LIFE) INDUSTRY	OF BUSINESS OR
	Maryland Harf	Y 13c CITY OR TOWN	13d. INSIDE C	NOX]	STREET ADDRESS	Abin 214 2100	gdon Md 9
1	14 FATHER'S NAME PIRST Thomas Pi	atrick Bute		Miram	Jane	Car	A5T
7	160 ,WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) (IF YES, GIVE W		0422 John		APDRES	Box 214 21009	Abinggo
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	One couse per line for (a), (b), and BY. CAUSE (a) Arterioscle DUE TO, OR AS A CONSEQUEN (b) Massive Ble DUE TO, OR AS A CONSEQUEN (c) Bronchopnet	erotic Card LCE OF LCE OF And Pu	r Gastro	Intestinal		INTERVAL NOMSET AND DEATH
	PART 2 OTHER SIGNIFICANT COL	rome			DISEASE OR CONDI	TION GIVEN IN PART 1	10,
	Felty's Synds 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH C		Y	ES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH? NO []
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 21c. HOW IN	JURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FAR			CITY OR TOWN	COUNTY	STATE
	220.1 certify that \(\) (this haspital) deceased alive an \(\) (we) (did) (did alive) \(\)	November 25 19 8	ctober 20	_, 19 <u>82</u> , (our) opinion death	to Novembe	r 25 19 82 and hour and from the	, that X (we) last e causes stated

DEGREE 22c. DATE SIGNED emann ma.

ATTENDING PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Berchelmann

22e ADDRESS ware Drive, BAlt, Md. 9000 FRANKlin SA

MEDICAL STAFF
DIRECTOR PHYSICIAN

30 BURIAL, CREA	ATION, REM	OVAL 23b.	DATE
Burial		1	1-29

23r. NAME OF CEMETERY OR CREMATORY Holly Hills M.

23d LOCATION
CITYORTOWN
Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ar Item 18 shaws

11-29-82

Leginie de la la company de la Toward Train Train for the train of the contract of the contract of Namy Land (Mariors Aviandon | no water and hardway COLES THE COLES OF THE PARTY OF

	1	1 - 5	OR TATE EGISTRAR	DEPAR	CERTIFICATE OF DEATH	REG. NO.	NIH DAY YEAR 126 HOUR
poge 3		TYPE OF	ASED NAME FIRST	HERINE	PELTZ		1-19-82 3 PM
offe,		. SEX		4. RACE	S. DATE OF BIRTH MAR 27 1915	6. AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS HOURS M
death. Page uneral direct hin 72 hours of once.	35	CO	EMALE HPLACE (STATE OR FOREIGN) INTRY) LTO, NIO.	WHITE TE. CITIZEN OF WHAT COUNTRY USA	? 8. MARRIED NEVER MARRIED		
the f	58	0. CITY	OR TOWN OF DEATH K TOWSON		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION HOPESS SPITAL	BALTIMORE 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	126. KIND OF BUSINESS
Within 24 hour	3/	130, ST.	ER'SNAME FIRST	TY 13c. CITY OR TO			DE CT. 21239
e executed ond come Pages I an	70	60. WA	ANUEL DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SEC WAR OR DATES! 330-30		ADDRESS ADDRESS	NH
quires that the death c signed by the attendir hen please remove cart to burial, cremation, or njury, or other traumotia		F	Conditions, if ony, which gove rise to immediate cause (al), stating the underlying cause last. ART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) ONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
been been mit. I prior ony ir	2	CERTIFICATION	a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSKIAN: The kittending physicion. er this certificate hos the burial-transit per and Mental Hygiene ked or item 18 shows	9	₹ L	To, ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER) Id. INJURY OCCURRED	P.M.	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY II	
din din		A	WHILE NOT WHILE TWORK AT WORK 20.1 certify that (42(this haspit	(AT HOME, STREET, FACTORY, OFFICE	NOV 6TH 19 82	CITY OR TOWN 2 to NOV 19 In death accurred an the date	th , 19.82 , that (M (we)
ATTENDING Spital or a SCTOR: After d for use as t, of Health			sow the deceased aliveyor abave (1) (we) (did) (die not	view the bady after death.	, , , , , , , , , , , , , , , , , , , ,		
10 HOSPITAL OR ATTENDING PHYS retained by the hospital or attending TO FUNERAL DIRECTOR: After this a should be detached for use as the buy with the State Dept. of Health and Ma with the State Dept. of Health and Ma IMPORTANI: If Hem 21 is marked or 1	1	7	76. SIGNATURE Beater 2d. PHYSICIAN'S NAME (TYPE OF	P DIZON, MD	DEGREE M - D . ATTENDING PHYSICIAN 120 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA YORK RD	22c. DATE SIGNED

54.13 1111 JANTERSON JERRON TR. MORNOT N SELECTED TO THE SECOND THE RESERVE OF THE PROPERTY OF Company and services a second of the services and the services are services and the services and the services are services are services and the services are services are services are services and the services are services a THE PROTECT OF TERRORS an market of the state of the s Econs C & Beech Res 1884 NO. 1882 Jan 2 Carrier

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	1-	FOR STATE	DEPAR	RTMENT OF HEALTH ANI		IENE O Z	die	0 1	600
		REGISTRAR	MULCIPLE IN	CERTIFICATE OF	DEATH	REG. N	O.		
		CEASED NAME FIRST	WIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
		Beetha	Mae	Perkins		November	12	1982	2
	3. SE	X	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24
	F	Female,	white	12, 8	1898	83	YRS.	NIHS DAYS	HOURS A
5	la Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY O		F DEATH	
J		Maryland	1150	MARRIED NEVE	DIVORCED	Posting	20) Co.	N.	
	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OF OTHER IN		12a USUAL OCCUPATI	ON	126. (ND O	F BUSINESS
١	Co	Vericiallo .	(IF NOT IN SUCH FACILITY, GIVE STR		ad	Homema	ker	INDUSTRY	
1	LEU.		POPORAMER OF RESIDENCE BEF	ORE ADMISSION)	un.				11
1	130. 5	TATE 13b COU			CITY LIMITS?	13801 VE	Loci	keysvi	Tile,
4	14. F.A	THER'S NAME	imbre l'octeur	VILLE YES [NO A	. , , ,	RL CO	acı.	2103
		Andrew	MIDDLE LAST		FIRST	MIDDLE	m 1	LAST	
4	Ma V	VAS DECEASED EVER IN U.S. AI	Cheno		largare	ADDRE	Traba	ınd	
ı			VE WAR OR DATES) 220-46	CURITY NO3 17. INFORM	MANI	, 13801 VE	net RD		
Į		IVO	212-05	5-6617 D. ML	urphy 18	7 .2021 40		CLULI	
1		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a) (b),	and (c).)	, 7	1		SETWEEN C	MATÉ INTERVAI INSET AND DE
	13			oceascula	acc	elent			
1		2500	DUE TO, QR AS A CONSEC	DUENCE OF					
١		Conditions, if ony, which	(16) DIAGE	TES MELL	ITIS		144		
I		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF				1	
Į		underlying couse last	(c) Hypen	-TENSION	J				
	,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	ı
	ě	COPLUNA	ny Antea	T 1)(513	ASE				
l	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERF	FORMED	20a AUTOPSY?		VERE FINDIN	
J	TIF					YES NO	YES [NO 🗌
1	CE	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM TO PART	T OR PART 2)	
ł	CAL	OR CONTRIBUTING CAUSE OF DE		19					
1	MEDICAL	216. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCAT		CITY OR TO	NA/NI	COUNTY	STATE
I	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFIC	E, FARM, ETC)		CITY OR TO	***	COOMIT	STATE
ŀ		22a. I certify that (I) (this hosp	ital) attended the deceased from	Dec 22	19.80	10 NOV 11	. 19	82	hot (1) (we)
1		sow the deceased alive or	NOV 4 19	82 , and that in (m	y) (our) opinion o	death occurred on the de	ote and hour a		
ı	-	22b. SIGNATURE	ot) view the body ofter death.	DEGREE				22c. DATE	
		1. Jelli	1/200	(T)	ATTENDING	MEDICAL STAF	F	11/1	2/2
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDR	PHYSICIAN L	DIRECTOR PHYSIC	IAN	1111	100
		(IIII)		*** ADDR					
4									
	23m R	LIDIAL CREATATION DEMOVAL	1 22h DATE 22	NIAME OF CEMETERY OF	D COELLATORY	224 LOCATION			

DHMH - 16 50M 1/B1 (VRA 15, 4)

23d LOCATION
CITY OF TOWN
Baltimore City, Maryland 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE 11/13/82 Westview Crematory BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a. DATE REC'D. I-Wiedefeld, 10 W. Padonia Rd.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) HELGA K PETERSEN 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH Female White 29, 1900 82 May BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Denmark USA DIVORCED WIDOWED BALT IMORE COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON N CHARLES GRMC Housewife Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Carnev 9414 Ridgely Avenue YES [NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown by the informant Unknown by the Informant 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 718-03-0935 Andreas J. Petersen 9414 Ridgely Avenue 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CARD 10 RESPIRATORY FAIL LIRE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which CARCINOMO OF COLON STAGE IV gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 9n DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AI WORK 22a. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DR FDWARD GRACE SUNNY 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

21093

Cremation 7 Nov 1982 Westview Mem. Pk. I

Lawson, 10 W. Padonia Rd. Timonium

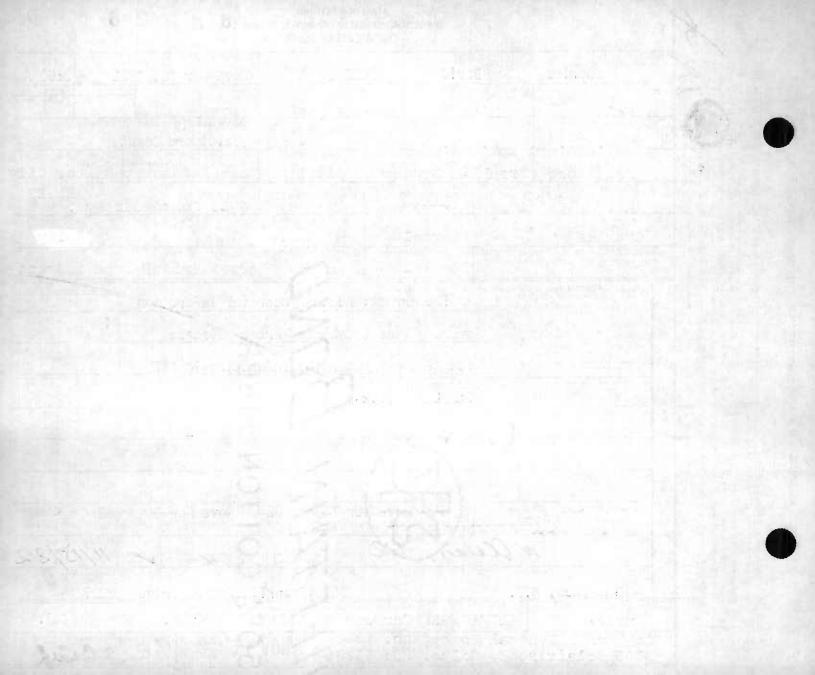
Catonsville, Balto, Co. 250 DATE REC'D. BY REGISTRAR 256 AEGISTRAR'S SIGNATUR

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SS No. 1	ii	
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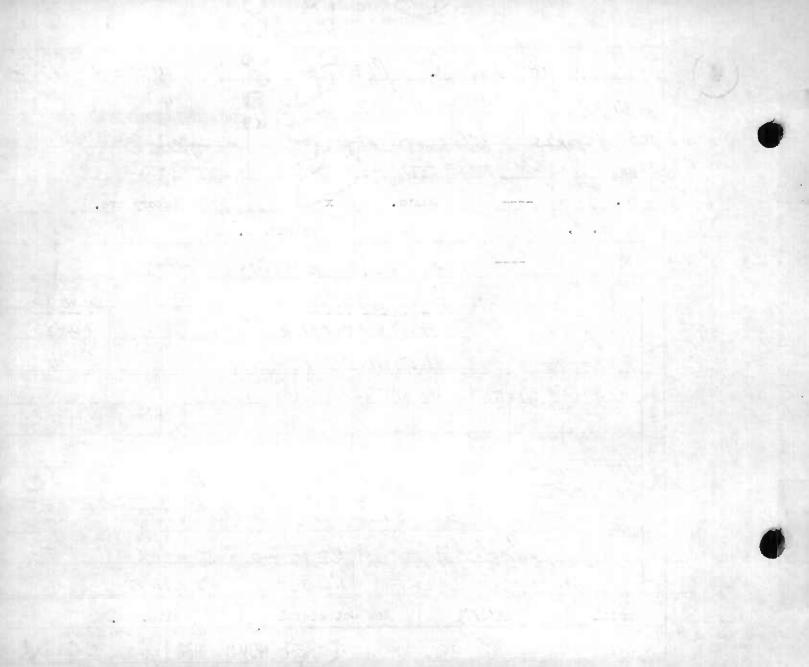
DHMH - 16 50M 1/B1 (VRA 15, 4)

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6	1.	FOR - STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 8	149
~		ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH		TEAR 2b. HOUR
0		Charles	David	PIERSOL 5. DATE OF BIRTH MONTH DAY YEAR		November	15, 1982	3:50 Am
and marked in	3. SE	X	4 RACE			6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	I YEAR IF UNDER 24 HRS
A		Male	White	Nov		7.3	YRS.	MIN.
學之	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O		тн
2/2	7	W. Va.	U.S.A.	WIDOWE		Baltimore		MD.
5	10. C	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Franklin Squa	ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O School Te	F WORKING LIFE) INDL	IND OF BUSINESS OR STRY Alto. City
be pe	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21128
27	14 5	Md. Balt	timore Perry H	Iall	YES NOX	4023 Sch	roeder i	Ave.
2	7	FIRST	MIDDLE		15. MOTHER'S MAIDEN NAM	WIDDIs		LAST
0	160 V	Charles Piersol 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO.			Mary Wight ADDRESS			
MPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical			213-07-2			ersol (wi	fe) same	e address
	CERTIFICATION	190 date of operation	DUE TO, OR AS A CONSEQUE (c) With Histo CONDITIONS CONTRIBUTING TO I Diabetes 1 196 CONDITION FOR WHICH	Vesse ence of ory My DEATH BUT Mellit	TUS N WAS PERFORMED	Arction in I	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
Q [®]						(ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)
rked or lie	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn con	NTY STATE
T. If Hem 21 is mo		sow the deceased alive on above (1) (we) (did) (did)	November 15 19 by view the body ofter death.	Der 14 . 19 82 and that in bor (our) apinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	te and hour and fro	m the couses stoted DATE SIGNED	
MPORTAN		22d PHYSICIAN'S NAME (TYPE O	1.D.	STATE OF	220 ADDRESS 9000 Frankl			237
- 4		BURIAL, CREMATION, REMOVAL SPECETY) Burial	11/18/82	Garde	ens of Faith	23d. LOCATION	COUNTY	Ma.
'B1	24 FI	9705 Belair	neral Home, In Road, Balto.	nc. Md. 2	1236 NOV	1 6 1982	255 PEGISTRAR'S SI	Cohier



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IF UNDER 24 HRS
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HOURS MIN
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BUSINESS OR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12b. KIND OF BUSINESS OR

3:00AM

06

82

IF UNDER I YEAR

INDUSTRY

COUNTY

22c. DATE SIGNED

11/06/82

STATE

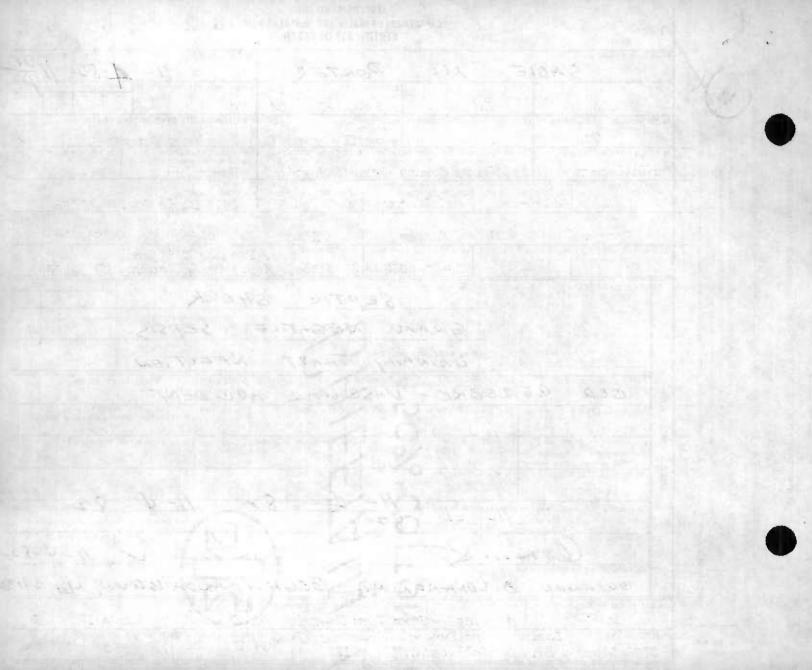
(VRA 15, 4)

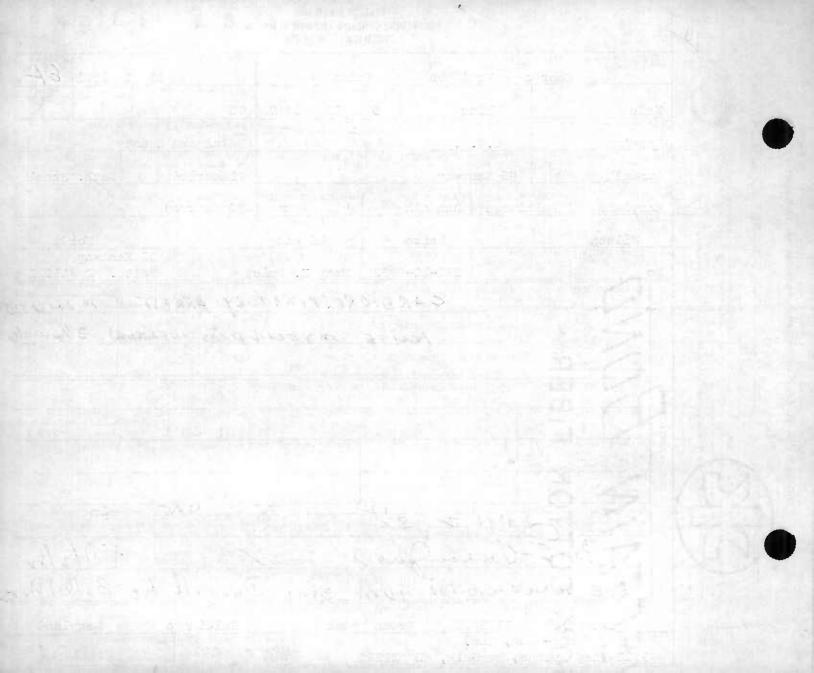
- STATE

REGISTRAR

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(VRA 15, 4)





/	1.	FOR - STATE REGISTRAR			DEPART		EALTH AND MEN			2	8	5 4
5		CEASED NAME	FIRST		MIDDLE	2 ici	<u>√31</u>	2	REG. No. DATE OF DEATH		DAY YEAR	13:44
ge 4 may by page for the control of	1			RACE		5 DATE C	FBIRTH	YEAR 906	AGE (IN YEARS LAST BE	RTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
death. Pa	la B	IRTHPLACE (STATE OR FOR OUNTRY)	EIGN 76		WHAT COUNTRY?	1	NEVER MAR	RRIED 0	BALTIMORE CITY	OR COUNTY	OF DEATH	
by the fured within		AND ALLSTON	HUN		HOSPITAL, NURSIN	ADDRESS)		TION 12	TO JOHN TO THE OF WORK FOR MOST	TION OF WORKING LIFE	126 KIND O	F BUSINESS O
filled in Jid be fill	13e.	AL RESIDENCE (IF NURSIN	36 COUNT			ADMISSION)	134. INSIDE CITY I	LIMITS? 13	STREET ADDRESS	onya	Rd.	21131
mpletely and 2 should be glocal examples	14 F	Willam Willam	ME	DDIE C	onway		M A Y				on wa	' y
e be exected and and copper 1 and to t, the me		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMI (IF YES, GIVE W		214-22-		Mrs. NA	TAlie	Ross 8	RESS	Bonga	ATE INTERVAL
requires that the death or signed by the attending en please remove carbon to burial, cremation, or re injury, or other trauma	7	Conditions, if ony, gove rise to imme couse (o), stoting underlying couse PART 2 OTHER SIGNIA	the lost	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE S 7ROKE R AS A CONSEQUE DISTRIBUTING TO	ENCE OF	HCV.	CULAR	PISEAS AL DISEASE OR COM	E	19	77
: The law te has been bermit. Th ene prior t	CERTIFICATION	190 DATE OF OPERATE	ON	196 COND	TION FOR WHICH	OPERATIO		ED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
HYSICIAN physician. iis certificate iial-transit plental Hygiie or Item 18		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH D.	AY YEAR	21c HOW INJUR	RY OCCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18, PA	ART I OR PART 2)	
NDING PHY attending ph 3: After this cas the burial- alth and Men s marked or	MEDICAL	214 INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC.)	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
ALOR ATTE: he hospital or AL DIRECTOF tached for use te Dept. of He,		22a. I certify that (II (I sow the deceased above, (II (we) (did 22b. SIGNATURE	olive on_	view the body	PT 195		DEGREE	NDING	ACDICAL STA	AFF _		
TO HOSPIT. TO HOSPIT. TO FUNERA should be det with the Stat		BURIAL, CREMATION, R	THAN		ENEC.	NAME OF C	EMETERY OR CREATER.	MATORY	23d LOCATION CITY OF TOWN	, , , , ,	COUNTY /	1d:-
DHMH-16 25M (VRA 15, 4) 1/79	-	UNERAL DIRECTOR	RTAN	4 x 50	ADDRESS 170	,	URENS	250. DATE R		Jan .	RAR SALEM	welf

CTATE OF MARYIAND

Marie Countries Countries of the Countri Marie and the state of the stat LEAD THE THE PARTY OF THE PARTY

- STATE

REGISTRAR

County 12h. KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE INDUSTRY 3805 Terka Circle 21133 LAST Ronald Pruitt 3805 Terka Circle 21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OBSTRUCTIVE PULMOMPRY DISERGES PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN Ellicott City Maryland STATE DHMH - 16 50M 1/81 Harry H Witzke 4112 ColumbiaR Ellicott City (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

IF UNDER I YEAR

2b. HOUR

11 - 5 - 12 BARB A.B.J. bnaffred Pandallanden Bulbladro County Control is spingl Mountain here saverd dr. Proiss . . . | Lave Sally Mainely -No. 1 all 14 Your Street Frei Co. 36 7 Terde Circle 21133 TO COMPANY TO SERVE AND SERVE AND ADDRESS OF THE SERVE The same of the sa

			CEASED NAME	FIRST	1	MIDDLE		LAST		20. DATE OF I	DEATH MO	HTMC	DAY YEAR	2b. HOUR
y be		Title	OK PRINT)	NICH	OLAS		PS	ARIS			1	1	22 182	2:30A M
e b		3. SEX		-	4 RACE		\$. DAT	OF BIRTH	MEAN	6. AGE (IN YEA	ARS LAST BIRTHO		MONTHS DAYS	IF UNDER 24 HRS.
0 to			Male		White				11,1900	82		YRS.	MONING DAYS	HOURS MIN.
MY	10	7a. BIF	OUNTRY)	DREIGN 7	b. CITIZEN OF	WHAT COU			R MARRIED	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	
	/	_	reece		U.S.	Α.	WIDO		DIVORCED [BALT	MORE	COUN	ITY,	M
1	1	10. C1	Y OR TOWN OF DEAT	TH 1	II. NAME OF	HOSPITAL, N	NURSING HOM	OR OTHER IN	NSTITUTION	12a. USUAL O			12b. KIND (OF BUSINESS OR
(3)	6	_	TOWSON		GREATE	R BALT	IMORE I		NTER		-Emplo		Restu	
og p	1	05UA 13a. 5	L RESIDENCE (IF NURSIN	13b. COUN		13c. CITY O			E CITY LIMITS?	13e. STREET A	DDRESS			
K	1		Maryland	Balt	imore	Tows	son	YES 🗌	NO 💢		Hampt	on I	ane	21204
11	20	14. FA	THER'S NAME	N	NIDDLE	1A	51	15 MOTHE	R'S MAIDEN NA	ME	MIDDLE		LA	ST
1/62	U		Michael			Psaris			rene				known	
dico	1		AS DECEASED EVER I		WAR OR DATES)		L SECURITY NO				ADDRESS			
B /	/		No			232-0	03-4842	Manu	el N. Pa	saris 4	+310 B	ayon		
nt, #			PART I. DEATH W	Enter ont	y one couse pe	r line far (o),	(b), and (c).			May 18			BETWEEN	ONSET AND DEATH
ever		11			CAUSE (o)	ACUTE	E MYOCAF	RDIAL 1	NFARCTIC)N				
, or notic		- 4	4100		DUE TO, C	OR AS A CON	SEQUENCE OF	DI MAD I	NG FUNCT	-1011			10.00	
roun			Conditions, if any,		(b)_	SEVER	KE HEAR	LAMA I	NG FUNC	ION				
her			couse (a), stoting underlying cause	the	DUE TO, C		SEQUENCE OF							
ar of					(lc)_				AS NOT F					
o bo	П	z	PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>C</u>	ONTRIBUTIN	G TO DEATH B	JT NOT RELAT	TED TO THE TERM	INAL DISEASE	OR CONDIT	TION GIV	EN IN PART 1	a,
9 27	=	ATIO	190. DATE OF OPERAT	ON	TIPE CONF	MEDI (CAL REG	ME S	FORMED	20a AUTOF	SY2 12	Oh IF VES	S, WERE FINDI	NGS LISED
2	1	CERTIFICATION	190. DATE OF OPERAT	1014	198. CON	THOIT TOK V	VINCII OFERAL	ON WAS FER	TORMED		1	N CERTIF	YING CAUSES	S OF DEATH?
sho.		ERT	210. ACCIDENT WAS UNDE	ERLYING	21b. TIME C	OF INJURY		21c HOW	INJURY OCCUR		NO		PART I OR PART 2)	ио 🗌
D E	1		OR CONTRIBUTING C	AUSE OF DEAT	HOUR A	.M. MONT		R						
1 1		MEDICAL	(IF EITHER, NOTIFY MEDIC.		21e. PLACE	OF INJURY	19	21f. LOCA						
pea		W	WHILE NOT WHILE	LE [JAT HOME, ST	REET, FACTORY, (OFFICE, FARM, ETC.)	STR	REET		CITY OR TOWN		COUNTY	STATE
mar			220.1 certify that (1) (al) attended th	he deceased	from 11/2		19 82	, ta	11/22		19_82	that (1) (we) lost
21.10			saw the decease obove, (1) (we) (di	d alive an_	11/22		19 82	and that in (m	ny) (aur) apinion	death occurred	an the date	ond hou	r and fram the	causes stated
1 4			22b. SIGNATURE	(T) / / / / / / / / / / / / / / / / / / /	3		DEGREE					27c DATE	-
T. H			XCIT	1 1	Set	In,	mo		PHYSICIAN [MEDICAL	STAFF	NM	11/	23/82
AN -	1		22d. PHYSICIAN'S NA	ME (TYPE OR	PR C)		22e ADDF	-	3 - 11121 - 112	3		1	-
with the State [IMPORTANT: H			SCOTT	R 7F	IGEN. N	1 D		GRMC	- 6701	N CHAE	RLES S	T 2	1204	
3 3-		23o. B	URIAL, CREMATION, F		23b. DATE	1000	23c. NAME O		R CREMATORY	23d LOCAT	ION			
		(:	Burial		Nov . 24	,1982	Greek	Orth. C	Cemetery	Wood	lawn	Bal	Ltimore	, Md.
50M 4/B2	1	_	NERAL DIRECTOR				DRESS 1050	York Ro	oad 250. DAT	E REC'D. BY RE	GISTRAR 25			
M 4/82		Ru	ck Towson	Funer	al Home	e. Inc	· Towso	.Md.21	L204	IUV 261	1982	Joan	20	april 1

FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

REG. NO.

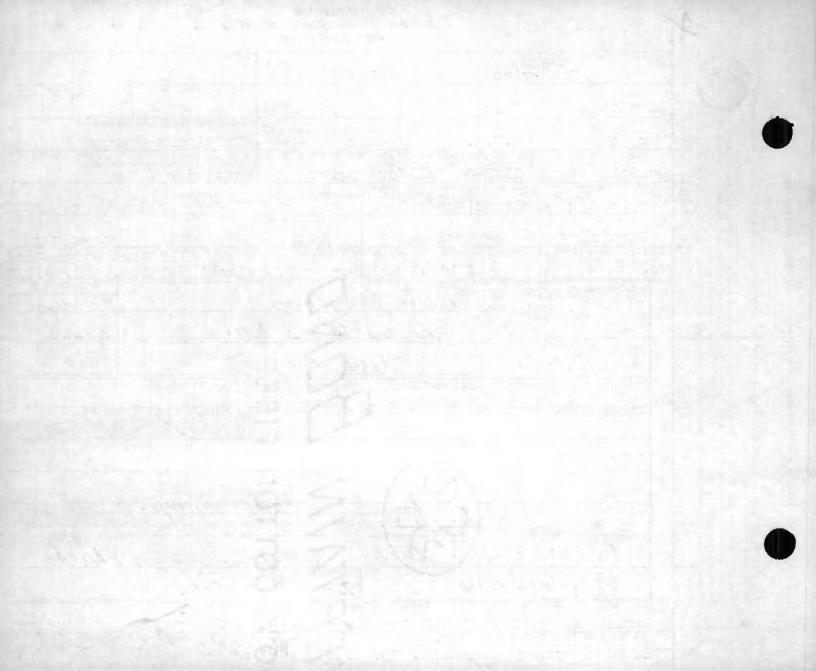
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Dundalk, MD. 21222

- STATE

7922 Wise Avenue

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

si.)	
	4.00	

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST	A	AIDDLE	ı	AST	26. DATE OF DEATH		Y YEAR	2b. HOUR	R
	- ON TRIVETY	JE	AN CASPE	R XXIXIMIEN	XXXX	PUMPHREY	1	1/8/8	2	4:45	5 P M
3. SE			4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	24 HRS
	Female		White		May	15, 1927	55	YRS.			
	IRTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	F DEATH		- 1
•	North Carol	lina	U.S.A.		WIDOWE	42	BALTI	MORE	COUNT	ΓΥ,	MD
10. C	ITY OR TOWN OF DEA	тн		OSPITAL, NURSIN		OR OTHER INSTITUTION	128. USUAL OCCUPATI	ION	12b. KIND (OF BUSINES	SS OR
	TOWSON		6701 N	. CHARL	LES S	T GBMC	Pay Roll D				ty
13a.	aryland	13b. COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW TOWSON	N	13d. INSIDE CITY LIMITS? YES NO 🛣	130. STREET ADDRESS 1555 Cott	age La	ne		
14. F/	ATHER'S NAME		MIDDLE	IAST		15. MOTHER'S MAIDEN NAM	WE	1242.14	1.4	ST	
	John	Duk		Casper		Mary	L.		Sid	les	
	WAS DECEASED EVER I		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	ESS			
- '	No	(IF TES, GI	E WAR OR DATES)	238-30-2	940	Bruce C. Pum	phrey Same	as #13	3.		
CERTIFICATION	Conditions, if ony, gove rise to imm couse to, storing underlying couse	which ediote g the lost.	DUE TO, OF	R AS A CONSEQUE INT RA R AS A CONSEQUE DITRIBUTING TO D	CERE	BRAIN TUMO	DMA INAL DISEASE OR CON				
IFICA	190 DATE OF OPERAT	ION	IVE. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES			H?
	210. ACCIDENT WAS UNDE OR CONTRIBUTING C.	AUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18 PART	T I OR PART 2)		
MEDICAL	21d. INJURY OCCURR	E 🗆	21e PLACE (DF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	ST	TATE
	226.1 certify that (1) (sow the decease obove, (1) (we) (di 22b. SIGNATURE	d olive or	11/	819	77	nd that in (my) (our) opinion of DEGREE	, tol deoth occurred on the do	78, 19 ote and hour a		, that (I) (we couses state SIGNED	ve) lost ited
		27	1.01			ATTENDING PHYSICIAN	MEDICAL STA				
	DR	-		AR		GBMC					
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	6.7	TATE
	urial	<i>y</i> 1	Nov.11	1982 Pa	rkwoo	d Cemetery	Parkville	, Balto	o., Ma	rylar	nd
В	BURIAL, CREMATION, F		23b. DATE	1982 Pa	rkwoo	EMETERY OR CREMATORY	Parkville				

DHMH - 16 50M 4/82 (VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

ATTITUDE TO THE STATE OF THE ST the contract of the contract o And substance To done I Like College Lane John Tiles Caules Name - Name - Tiles .ET se buil gost of .O south the Ba Pil. ACCOUNT A TO Lavial, .colum, climate John John Strift Doc Vare Later

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attending physician ond campletely filled in by thate carbanpapers. Pages 1 and 2 should be filed

MPORTANT: If them 21 is marked at them 18 shows any injury, at other traumotic event, the medical D FUNERAL DIRECTOR: After this certificate has been signed by the attending physici lould be detached for use as the burial-transit permit. Then please remave carban paper in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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		REGISTRAR				CERTII	ICAIL OI DEATH	REG. NO).			
		CEASED NAME	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH LDAY	YEAR	2b. HOUR	
	(TYPE	OR PRINT)	RRY		G.	PUR	DY	NO	V. 30,1	982	11 A	И
	3. SEX	х		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.	_
		MALE		WHI	TE	OCTO	BER 21, 1893	89	YRS.		Mills.	
) a		RTHPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
		VIRGINIA		USA		WIDOWE	DIVORCED [BALTIMORI			M	
2	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NU		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF	ON WORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR	}
0		TOWSON		VALLEY	VIEW N	NURSING	HOME	REPRESENT	ATIVE	ADVER	TISING	_
2	13a. S	AL RESIDENCE (IF NURS STATE MD	136 COUN		13c. CITY OR	TOWN	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS	EDG FOR	חת חת	07.07.0	
1	14.51		DALI.	THORE	DALIII	TORE	YES NOXX	219 RODGI	LRS FUR	GE KD	. 21212	_
70	14. FA	ATHER'S NAME		MIDDLE	LAS		FIRST	WIDDLE		LAS		
6		FRANK			PURDY		FRANCES			CRAN	K	
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS			
		YES	WW1		215-32	2-9469	MARJORIE H. (CYPHERS 672	6 GLEN	KIRK	RD.	7
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line, for (o), #	b), and (ca)		1	-	BETWEEN	ONSET AND DEATH	
		PART I. DEATH W		D BY: E CAUSE (0)	Mex	astal	ric Car	auni	u			
		1991	IMMEDIAI			FOURNISE OF						
		Conditions, if any,	e de la la	DUE TO, O	R AS A CONS	SEQUENCE OF				-		
		gove rise to imn	nediote	(6)								-
		couse (a), statin underlying couse		DUE TO, O	R AS A CONS	SEQUENCE OF						
		OART O OTHER CICA	1151511175	(c)	ON ITRIBUTION	O TO DE ATH BUT	NOT RELATED TO THE TERM	IN ALL DISEASE OR CONT	DITION CIVEN	IN CAPT 1		=
	Z	PART 2. OTHER SIGN	VIFICANIC	ONDITIONS C	ONTRIBUTING	5 TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE OR CON	JITON GIVEN	IN PART UR	0	
	CERTIFICATION	19a. DATE OF OPERAT	TION	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W			-
1	H							YES NOT	IN CERTIFYIN		NO	
3	E S	21a. ACCIDENT WAS UND	DERLYING _				21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		_
1		OR CONTRIBUTING		III	M. MONTH	DAY YEAR						
	MEDICAL	21d. INJURY OCCUR		210. PLACE	.M. OF INJURY	19	211 LOCATION					-
	ME	WHILE NOT WH				FFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (I)		tal) attended th	a decented f	ram	19	to	19		that (I) (we) los	-
		saw the decease	ed alive an				nd that in (my) (our) opinion o					"
		obove, (1) (we) (c	did) (did no	t) view the body	ofter death.		DEGREE			22c. DATE	SIGNED/	-
		His	11	4 X.	VC	tu'c	O CATTENDING PHYSICIAN	MEDICAL STAF		11/	30/83	
		228. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	0.	-	228 ADDRESS					_
1		GRA1	ito	V.	VAT	KiGi	2926 E. CI	DLD SPRING	Γ.Α.			
-	23a s	BURIAL, CREMATION,	REMOVAL	123b, DATE		23r NAME OF C	EMETERY OR CREMATORY	123d LOCATION				=
	100.	(SPECIFY) BURIAL	KEMOTAL	DEC. 3	1000		NE PARK CEM.	BALTIMOR		YINUO	MD	
		DUKTAL		DEG. 3	1987	LULLAT	NE FARR CEM.	DALITMUR		0 0	1.17	

DHMH - 16 50M 4/82 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The low trained by the haspital or attending physician

24 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

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(\mathbf{N})		CEASED NAME FIE	ST	MIDDLE		LAST	T 103	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
200		Agn	es	L.		Quinn		Nov.	1, 1982 _M
m bod Line	3. SE	X	4	. RACE	5.	DATE OF BIRTH	VEAD	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4 director, nours aff		emale		White		10-20-1885	TEAR	97 YRS.	MONTHS DATS HOURS MIN.
h. Po	70. B	IRTHPLACE (STATE OR FOREK	3N 71	CITIZEN OF WHAT COUN	VTRY? B.	MARRIED NEVER MARE	RIED 🗆	9. BALTIMORE CITY OR COUNT	Y OF DEATH
deor deor		Maryland		U.S.A.	W	IDOWED DIVOR	CED 🔲	Baltimore Co	ounty MD.
the fund within		ITY OR TOWN OF DEATH	P	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 	URSING H	HOME OR OTHER INSTITUT	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR LIFE) INDUSTRY
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be execution and co	16a \	VAS DECEASED EVER IN L YES NO OR UNKNOWN) (IF		ED FORCES? 166 SOCIAL 214-7			ta Qu	ADDRESS uinn 7905 Ruxway	Rd 21204
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours crather this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than and Memtal Hygiene prior to burial, cremotion, or removal. On them 18 shows any injury, or other traumatic event, the medical examiner must be paged.	NO	Conditions, if ony, wh gove rise to immedia cause (a), stating underlying cause le	AEDIATE ich ote the	DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON: (c)	SEOUENC	Shae Hea Orterios Eof Diabe	cles	Failure OSIS Mellitus INAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ATTEND Spital or ECTOR: A d for use 1. of Heal m 21 is m		sow the deceased of	ive on	ottended the deceased for 25 keep view the body after death.	1982	, and that in (my) Ger	9 7.5) apinion d	, to NOV.	
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DHMH - 16 50M 4/B2 (VRA 15, 4)		INERAL DIRECTOR NAME Ltchell-Wied	efel	d Home 6500	ress York	Rd 21212	25a. RATE	RECO. BY REGIONAR 258. DEGI	TRAR'S AMBIECT

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6		FOR - STATE	TATE CERTIFICATE OF DEATH				
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2 ho			b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY		
52	Soft	Maryland	USA 11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED	BALTIMORE CO	OUNTY MD.	
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4	14	FATHER'S NAME	NDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST_	
45		Denman	M Reed			Smith	
/ medico	16	1. WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECURIFIED 215-16-		ADDRESS ed 8 Saddlet op Cockeys ville	Court 21030	
es that the death certificate ned by the attending physici please remove carban paper urial, cremation, or removal. r, or other troumatic event, th		Conditions, if ony, which gave rise to immediate couse 101, stating the underlying couse lost.	y one couse per line for (o), (b), one BY: E CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF Corone artery	cooled infant disease	I hy Jhy VI EN IN PART 10:	
cote has been signe onsit permit. Then p Hygiene prior to bur 8 shows ony injury,		19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{NO} \)	
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	sow the deceased alive on above, (1) (we) (did) (did not	ol) ottended the deceosed from	, and that in (my) (our) opinion	, to, deoth occurred on the date and hou			
	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/30/82						
ould be		Calvin Plitt,	D. W. W.	220. ADDRESS 7401 Oslea	Drive		
113	71	BURIAL CREMATION, REMOVAL	12/3/82 Du	ane of cemetery or crematory claney Valley Cem		Baïto. Md.	
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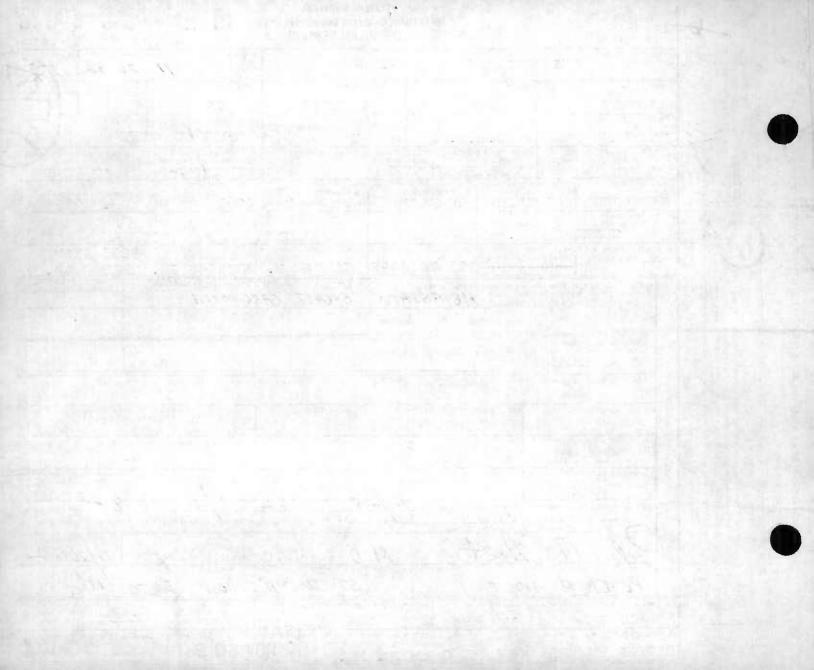
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

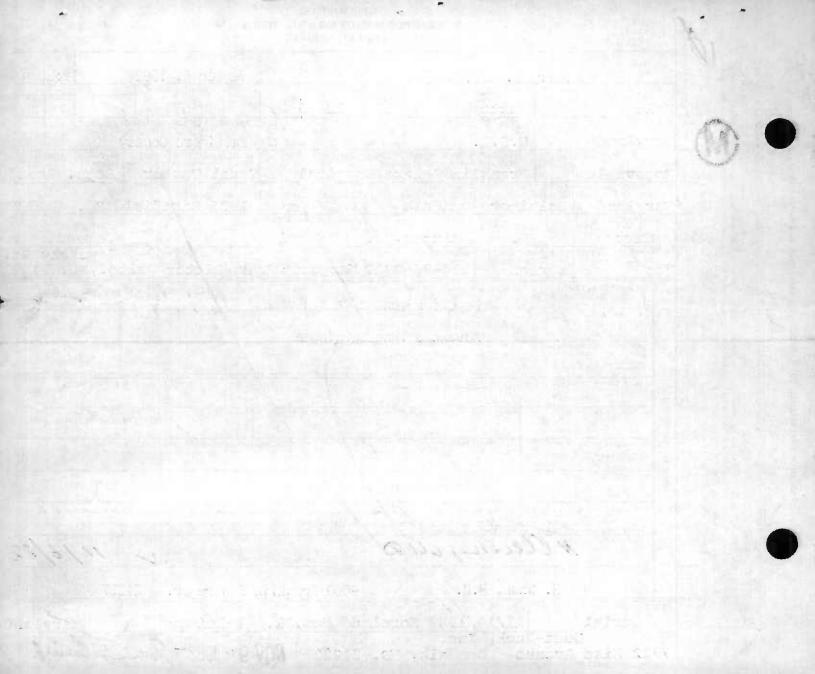
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STATE OF MARYLAND

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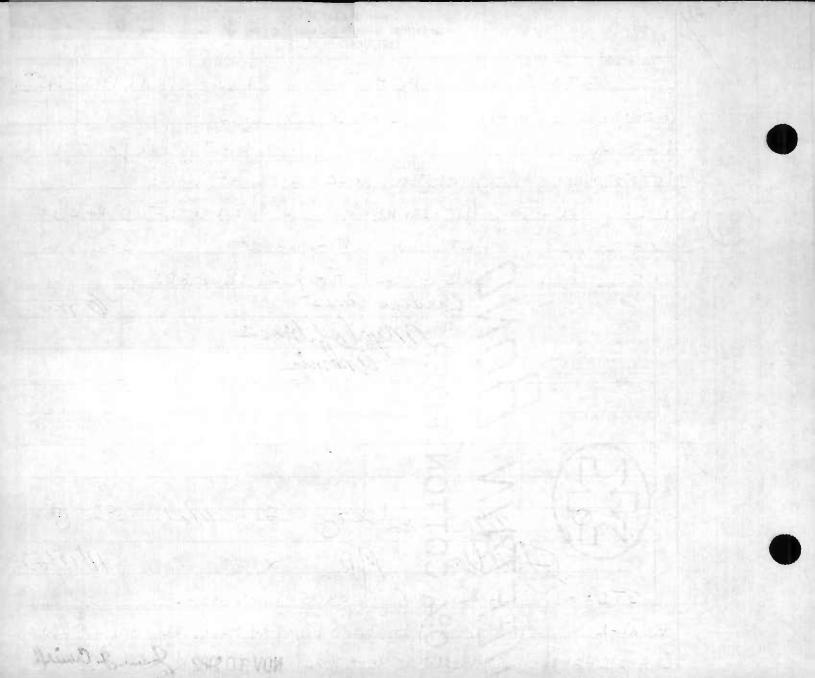
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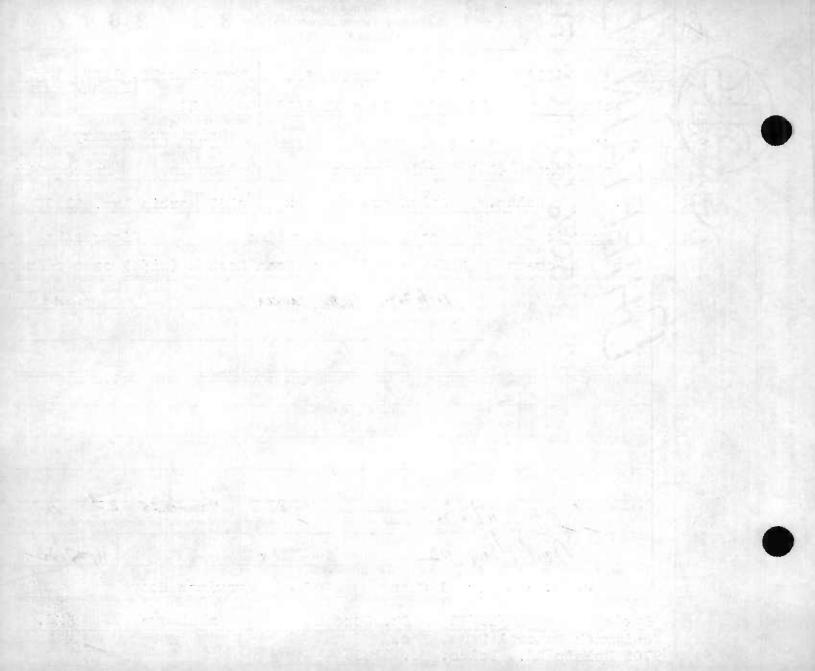
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND





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nay be page 3 death		CEASED NAME FIRST OR PRINT) Anna		MIDDLE	R	dolf	Nov	ONTH DAY	1982 25 HOUR	9 M
Page 4 may	3 SE	EMALE	4 RACE	ITE	S DATE O	18 1882	6. AGE (IN YEARS LAST BIRTHE	YRS.		AIN
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hin 24 ho		ARYLAND BAT	TIMORE		ARSH	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 11311 BE	ACH R	D. 21162	
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TAL RECORDS, 201 AN: The law requires an. It permit. Then pleas giene prior to burial 18 sfflows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	tore	right	h	NOT RELATED TO THE TERM	AINAL DISEASE OR COND 1 4 8 200 AUTOPSY? YES NO 1	20b. IF YES, WI	ERE FINDINGS USED G CAUSES OF DEAT	H?
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TO HOSPITALOR Aretained by the hospital TO FUNERAL DISPITATION With the State Dept. of IMPORTANT: If Item	230	22d. PHYSICIAN'S NAME (TYPE	n A.	Ty501	NAME OF C	PHYSICIAN E	POIRECTOR PHYSICI	ille	Md. ZI	047
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STATE OF MARYLAND

(VRA 15, 4)

DHMH - 16 50M 1/81

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12b. KIND OF BUSINESS OR

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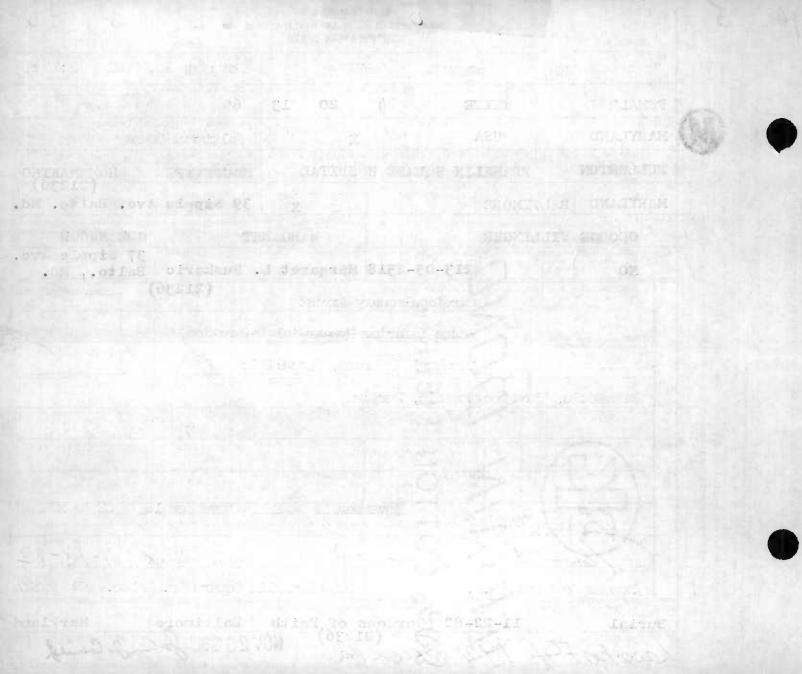
IF UNDER I YEAR

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22c. DATE SIGNED

Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH 2a DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore Co., 12g USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 13e. STREET ADDRESS 15 Aintree Road 15. MOTHER'S MAIDEN NAME Rosella Schmoll Mr. Richard Catterton San Francisco, Calif. APPROXIMATE INTERVIBETWEEN ONSET AND I 5 month 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE

ond that in (my) (600) apinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED

Baltimore, Md. COUNTY

12 E. Eager St. Bal.Md. 23d LOCATION

Cremation 24 FUNERAL DIRECTOR

- STATE

TYPE OR PRINTS

REGISTRAR DECEASED NAME

> 250. DATE REC'D. BY REGISTRAR 256 PEGISTRAR'S SIGNATURE MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd. NJ

Nov. 16.1982

Green Mount Cem.

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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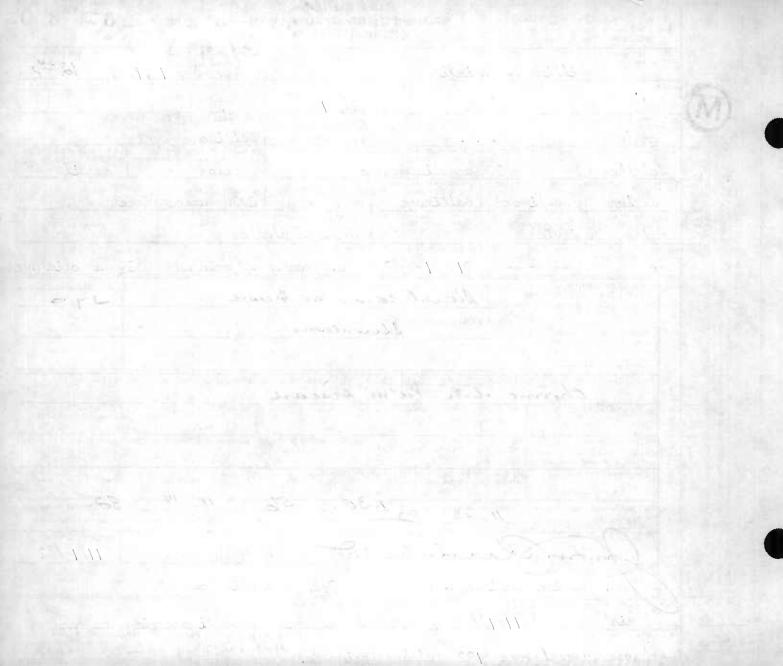
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death. Page		Maryland		SA	WIDOWE	DIVORCED		altimore C	county	MD.
	1)	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NI	JRSING HOME C	ROTHER INSTITUTION		AL OCCUPATION ORK FOR MOST OF WORKING	12b. KIND O	F BUSINESS OR
5 ° 6 X		utherville				sing Home		Homemake		Home
haurs	13a	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	? 13e STREE	T ADDRESS		
AND and	_	1aryland		Balti	more	YES 🔀 NO 🗌	390	8 N. Char	rles St.	21218
RYL with	14. F.	ATHER'S NAME FIRST	MIDDLE	LAS		15. MOTHER'S MAIDEN	NAME	MIDDLE	LAS	
MA dang			tings		yman	Emily			McLane	
or second dico		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRESS		
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d b db or o		onderlying coose last.	(c)_							
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ORI reen rin y	CERTIFICATION	19a, DATE OF OPERATION	TIPL COND	ITION FOR W	HICH OBERATIO	N WAS PERFORMED	120- 41	TOPSY? 20b. IF Y	ES, WERE FINDIN	IOC LISED
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VISIOI O PHY or this the bu ond M	ME	P. A. A. San St. Branch, March 2015, Natl St. Branch 2015, Natl St	(AT HOME, ST	REET, FACTORY, OF	FFICE, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
DIVISION POLICE		AT WORK AT WORK			7/	1/	1	11/966	\$ 17	
ATTEND ispital of CTOR: Afar use of Hea		22a I certify that (I) (this has saw the deceased alive a		e deceased to	/ /	d that in (my) (per) opini	ion death assu	read on the date and by		tho (11) (we) last
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OR DER	13	Mila	1 1	no	a	/ /A ATTENDING	G MEDICA	L STAFF	22c. DATE :	31GNED
ERAL Stote		22d. PHYSICIAN'S NAME (TYPE	7	JULI		PHYSICIAN	DIRECTO	OR PHYSICIAN	1110	ell
A HOSPIT	100								D-14	- 110
My HOSPITAL of HOS	0.0	Dr. William						sity Pkwy	·, Balt	0., MD
11/1/	730.	BURIAL, CREMATION, REMOVA		7.5	Clara to	emetery or cremator od Cemete	23d LO	ITY OR TOWN	COUNTY	AD STATE
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(VRA 15, 4)	49	05 York Road	Balto	., MD	21212			NOT O		

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6		1	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 2	2 8		8 1
ŧ.	75		CEASED NAME FIRST		THEODO	RE	AST CIA WITH	20. DATE OF DEATH		a	HOUR
	è 160	1.58		4. RACE	XXXXXXX	5. DATE C	SAKIN	6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
	4 F					MONTH	DAY YEAR		MONTE		OURS MIN.
	B 1		MALE IRTHPLACE (STATE OR FOREIGN	WHIT	WHAT COUNTRY?	JAN	. 6, 1917	65	YRS.		
	deoth, Poge		NEW YORK	USA		WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF		JEATH	MD.
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AND 21	filled in	#3a.			BATTIMO		136. INSIDE CITY LIMITS?	130 STREET ADDRESS 8504 STEV	ENSWOOD	RD. #	[‡] 21208
MARYL	E, MARYL cuted within completely s 1 and 2 s 1	14. F.	HARRY	MIDDLE	SAKIN		15. MOTHER'S MAIDEN NA SARAH	WE	UNI	KNOWN	
BALTIMORE,	n ond cor Poges 1		WAS DECEASED EVER IN U.S.	ARMED FORCES?	058-01-		17. INFORMANT M. 3444 CARRIAG	RS. DEBORAH E HILL CIR.			. T-4 N, 21133
DS, 201 W. PRESTON ST.	equires that the death certifice in signed by the attending phy. Then please remove corbanpa, to burial, cremotion, or removinjury, or other traumatic event.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, 0	TAS A CONSEQUE	NCE OF	nik (VT) (n pu.00	elma	Proba	ыe
AL RECOR	he low roon. on. hos been to permit. ene prior	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING YES [CAUSES OF	S USED DEATH?
DIVISION OF VITAL RECORDS,	DING PHYSICIAN: TI or oftending physicia After this certificate e os the buriol-transit olth and Mental Hygi morked or Item 18 stg	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A. NER) P. 21e. PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		OR PART 2)	STATE
	A ATTENDIN haspitol or RECTOR: Af ed for use o pt. of Health em 21 is mo		22s.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE	on_11 - 2	3- 19.5	2, or	d that in (my) (our) opinion DEGREE	, 10		, 1110	
	AL OF the I AL DIS detoch ore De MT: If Ith			shal w	C.		ATTENDING PHYSICIAN	MEDICAL STAF	F /	11-23-	
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000	၀ ္ ၀ မ နဲ နဲ <u> </u>		BURIAL, CREMATION, REMOV	NOV.24	,1982 OH	EB SH	EMETERY OR CREMATORY ALOM MEM. PAR	23d LOCATION			Mh
	DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR SOI		N & BROS.			0V29 9882	56. REGISTRAR	SINALPE	with

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Baltimore #Md

(VRA 15, 4)

STATE OF MARYLAND

	FOR - STATE REGISTRAR		CERTIFIC	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	REG. NO	2 8	18
	CEASED NAME FIRST E OR PRINT)	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
	JOHN B	SANFORD			11-13-82		3.20
3. SEX	Male	White	S. DATE OF	04 VEAR 09	6. AGE (IN YEARS LAST BIRT	YRS.	DER I YEAR IF UNDER 24
	COUNTRY).	U. S. A.	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY OF		
10. CI		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 6701 NORTH CHA	G HOME OF		120 USUAL OCCUPATION	ON 12	b. KIND OF BUSINESS
USU		THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13	3d. INSIDE CITY LIMITS?	7230 Con		c's Co. reet-212
	James B.	Sanfore Sanfore	d	S. MOTHER'S MAIDEN NAM	WIDDLE	G	raves
	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 213-05-	-2191	Mrs. Gene	Conleyººº\$ vieve C.		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	CELL NCE OF IONAL	CANCER OF CELL CANCE OT RELATED TO THE TERM	R OF BLAD		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION '	WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH
S. S.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)
AL	OR CONTRIBUTING CAUSE OF DEAT		19				
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	2	PII LOCATION STREET	CITY OR TO	WN	COUNTY STA
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MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that the (this haspite sow the deceased alive on the deceased alive of the deceased alive of the de	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA OCTOBER 18 19 2 view the body after death.	OCTO	DBER18 19_82	NOVEME	FR13198	32, that (i) (and

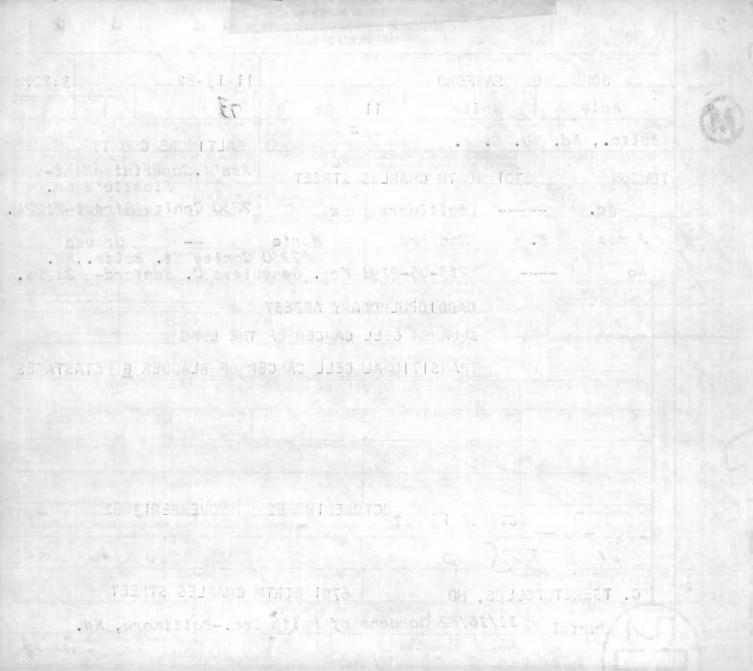
DHMH - 16 50M 4/82

(VRA 15, 4)

Burial
24 FUNERAL DIRECTOR NAME

1 6 1982

Md.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2n DATE OF DEATH 1 DECEASED NAME 2b. HOUR 2:00P 10 Arnold Sauter. Sr. 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 1898 83 Caucasian Male TO BIRTHPLACE I STATE OF FOREIGN L CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED D NEVER MARRIED Mary land WIDOWED | DIVORCED | Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 176. KIND OF BUSINESS OR Meridian Nursing Ctr.-Catonsville ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Self - Employed Building USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Baltimore 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 112 Fairfield Dr. 21228 Maryland NOX 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE म्हाँ व Starn Sauter Charles ADDRESCatonsville, MD 21228 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST 218-14-0417 Marie H. Sauter - 112 Fairfield Dr. NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: preunona IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NOF 18 sh 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21a, PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 AT WORK AT WORK 220.1 certify that (1) This hospital) attended the deceased from sow the deceased olive on 19 obove (I) we) (did) (fid not) jiew the body after death. and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING should be detowith the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS 299 Frederick Rd., Catonsville, MD. 21228 Dr. Charles Graham, Jr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL Woodlawn Burial Balto. Nov. 15,82 Lorraine Park Cem. 1630 Fdmondson Ave. Catonst 161 e. MD. 21228 NOV 1 2 900 FRAR 1 460 FRAR 1460 FA DHMH - 16 50M 4/82 1630 Edmondson Ave., Catonsville, MD. 21228 (VRA 15, 4)

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DIVISION OF VITAL RECORDS,

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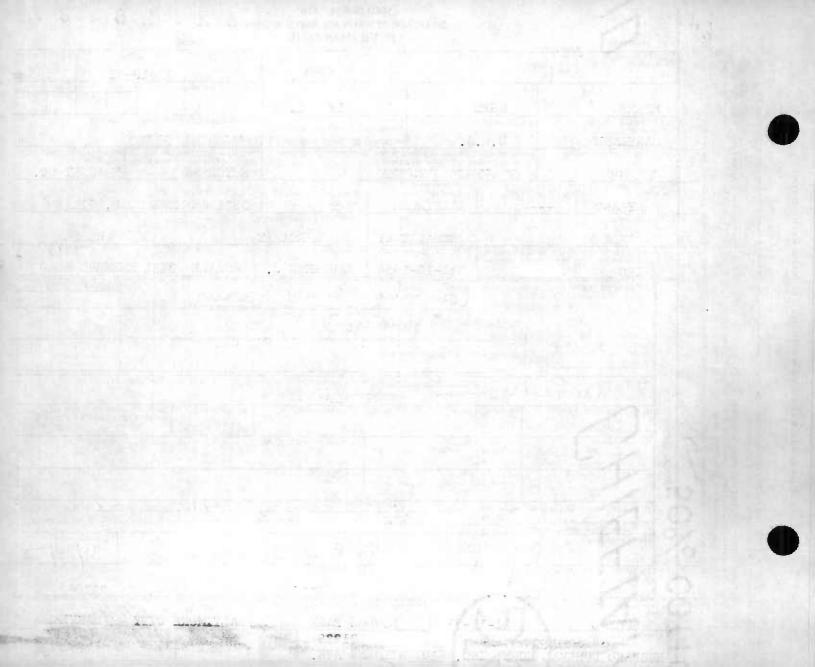
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5	FOR 1 - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	28186
y be oge 3 deoth	1. DECEASED NAME FIRST (TYPE OR PRINT) ELSI	E BRAND SC	LAFFER	2a. DATE OF DEATH MONTH	3 82 945 Am
, po	3. SEX Female	4 RACE S DATE	OF BIRTH DAY 9 93	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR FUNDER 24 HRS
(1) 35	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY? 8 MARR WIDOV	ED NEVER MARRIED	O PALTIMORE CITY OF COL	INTY OF DEATH
bby the notified	Catonsville	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Summit Nursing	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Retired	12b. KIND OF BUSINESS OR
filled in rould be in rould be in	13a STATE 13b CO	or other institution give residence before admission unity 13c city or town catonsville	13d INSIDE CITY LIMITS? YES NO 1	13. STREET ADDRESS 101 Osborne	Ave 21228
E, MARYLI	14 FATHER'S NAME FIRST John	Schaffer Schaffer	15 MOTHER'S MAIDEN NO	AME	Moritz
IMORE, on and con Pages 1	(YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166. SOCIAL SECURITY NO. 212-36-8455A	Carl R. Sch	effer P.O. Box	957 st. Florida 32037
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician and completely filled in by os the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or flem 18 shows any injury, or ather traumatic event, the medical examiner flust be not account of the medical examiner.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	Suffici NE AVE	my Ch THE THE KYTH MIZS WHALDISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COMMENT GIVEN IN PART 1(0)
VITAL RECO VITAL RECO risk to the low records has bee consist permit. Hygiene prio	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	200 AUTOPSY? 206. IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
HOSPITAL OR ATTEND intend by the hospital or FUNERAL DIRECTOR: A void be detached for use in the State Dept. of Heal in the State Dept. of Heal over a vortant; if them 21 is many than the state Dept.	OR CONTRIBUTING CAUSE OF I (IF ETHER NOTHER MEDICAL EXAMITY OF I NOT WHILE AT WORK 220. I certify that (I) (this hose) sow the deceased alive	P.M. 19 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) spital) attended the deceased from on on only with the bady office death.	211. LOCATION STREET and that in (my) (and opinion DEGREE ATTENDING PHYSICIAN 27e ADDRESS	CITY OR TOWN , 10 death occurred on the date one MEDICAL STAFF DIRECTOR PHYSICIAN	that (I) (we) lost hour and from the causes stated
2 6 6 8 8 8	230 BURIAL, CREMATION, REMOV. (SPECIFY) Burial	11/6/82 Loudon	CEMETERY OR CREMATORY Park Cemeter	y Bal'timore	COUNTY Md STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	1630 Fedmondson	ke, P.A.	21 228 ZSu. DA	TE REC'D. BY REGISTRAR 25b	GISTRAR'S SIGNATURE

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Mary County In .	din to the same		55/3///1	En President	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH MONTH 7h HOUR FRANCTS LEWIS SCHECH NOVEMBER 6. 1982 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) MALE APRIL 7. °1925 YEAR WHITTE 57 BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. BALTIMORE COUNTY DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY FORT HOWARD FORT HOWARD, MARYLAND ELECTRICIAN U.S. Navv 7816 OUTING AVENUE (21122)4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Francis Schech Marie Bond 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT 217 12 6609 CLINICAL RECORD. VAMC. FORT HOWARD, MARYLAND 18 CAUSE OF DEATH (Enter only one cause per line for to . (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRAIN TUMOR (GLIOBLASTOMA) 10 MONTHS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) NO 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX 71 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE

AT HOME, STREET FACTORY, OFFICE FARM, ETC.)

MOA HARRIEL O

Crownsville, Maryland

saw the deceased alive on NOVEMBER 6 and that in (py) (our) opinion death accurred on the date and hour and from the causes stated abave, (we) (did) (did not) view the body ofter death 27b. SIGNATURE DEGREE ATTENDING MEDICAL

OCTOBER 11

27d PHYSICIAN'S NAME CTYPE OF PRIN 22e ADDRESS

DIRECTOR PHYSICIAN V.A.M.C., FORT HOWARD, MARYLAND

HUANG-TA, LIN. M.D. 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 173d LOCATION (SPECIFY) Burial '82 Maryland V. A. Cem.

24 FUNERAL DIRECTOR

NOT WHILE

220.1 certify that of (this hospital) attended the deceased from

George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

. PHYSICIAN

22c. DATE SIGNED

11/6/82

DHMH - 16 50M 1/B1 (VRA 15, 4)

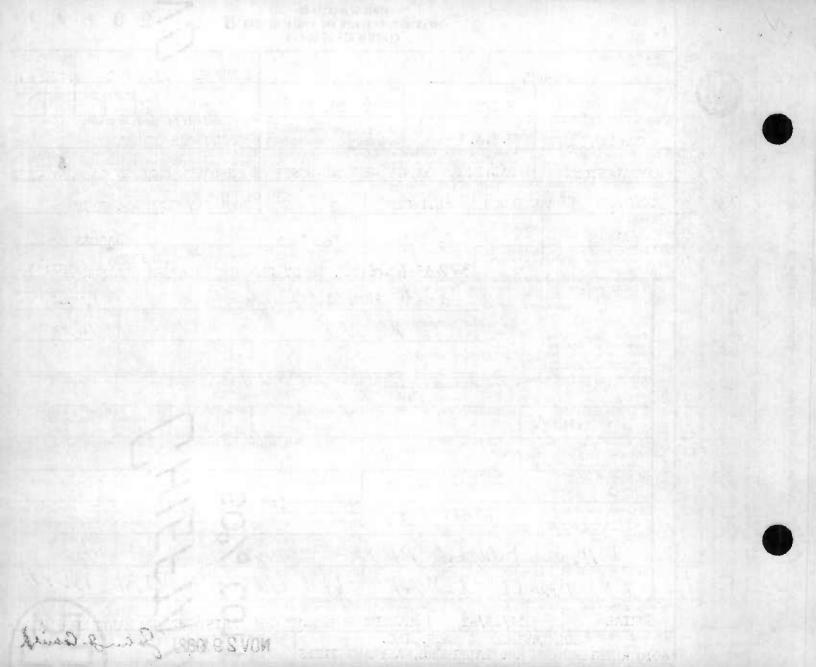
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REGISTRAR			CERTIF	ICATE OF DEAT	TH	REG. N	0.		
ECEASED NAME FIRST	MIDE	DLE		LAST				DAY YEAR	2b. HOUR
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EX	4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
PEMALE:	WHITE				OR OR	74		ONTHS DAYS	HOURS MIN.
		IAT COUNTRY?	8					OF DEATH /	
MARYLAND	USA		1	7.7					MD.
CITY OR TOWN OF DEATH	107 LYN	DALE A	VENU			(TYPE OF WORK FOR MOST	F WORKING LIFE	INDUSTRY	AKING
MARYLAND BAL	NTY 13d	CITY OR TOWN	٧	YES NO	XX		LE AV	VE. 21	L236
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					LAFE	ADDR	SS 105		
(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!				D.	SCHEURICH			
18 CAUSE OF DEATH (Enter of	nly ane cause per line							BETWEEN	ONSET AND DEATH
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underlying cause last.	100E 10, OK A.		de	mentin				2	-34m.
PART 2. OTHER SIGNIFICANT	CONDITIONS CONT		EATH BUT	NOT RELATED TO	THE TERM	IN ALDISEASE OR CON	DITION GIVE	EN IN PART 1	0)
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190 DATE OF OPERATION	196. CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFORME	D	20g. AUTOPSY?			
	-					VES TO NOTE	/	111	OF DEATH?
71g. ACCIDENT WAS UNDERLYING [216. TIME OF IN	NJURY		21c. HOW INJURY	OCCUR				1.40
OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA							
		INTUDV	19	211 LOCATION					
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sow the deceased alive o	10/18	19 9	2,01	nd that in (my) (our	opinion (death occurred on the d	ate and hour		that (I) (we) last couses stated
226. SIGNATURE	Mac Dec.	/ · · ·						22c. DATE	SIGNED
Jan	myserya	w		M D ATTEN	ICIAN IX	MEDICAL STA	FF IAN []	16 1	7/82
224 PHYSICIAN'S NAME (TYPE	The state of the s	-		22e. ADDRESS	9.17	SAMARITAN	1		
	L 236. DATE	23c. N	AME OF C	EMETERY OR CREM	MATORY	23d. LOCATION			
BURIAL	11-20-	-82 NE	CW CA	THEDRAL	CEN	3	RE		RYLAND
FUNERAL DIRECTOR			12	1236)	25e. DAT	E REC'D. BY REGISTRAR			
LASSAHN FUNER	RAL HOME	7401 F	BELA	IR RD.	N	OV 23 1982	John	ngh Co	emily
	STATE REGISTRAR ECEASED NAME PE OR PRINT) AGNE BIRTHPLACE (STATE OR FOREIGN AGNE BIRTHPLACE (STATE OR FOREIGN COUNTY AND CITY OR TOWN OF DEATH PART LAND JAL RESIDENCE (IF NURSING HOME OF STATE ITHOMAS WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 211. INJURY OCCURRED 212. I certify that (I) (this hose soowe, (I) (we) (did) (did in 27b. SIGNATURE 224. 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NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION. GIVER RESIDENCE BEFORE ADMISSION) ITHER S NAME FIRST MODILE THOMAS WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOW OR UNKNOWN) III. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if ony, which gove rise to immediate cause (o), storting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF UNDERLAND CONTRIBUTION FOR WHICH OPERATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO REAL BUT THE RESIDENCE (IN INVESTIGATION) III. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE PROPER NOTIFY MEDICAL EXAMBER) III. DUE TO, OR AS A CONSEQUENCE OF UNDERLAND CONTRIBUTION TO THICK, FARM, ETC.) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT THOMAS SIRVE! LACKAST OFFICE, FARM, ETC.) 210. TO THE SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION III. CAUSE OF DEATH III. NAME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. 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341	1.	STATE REGISTRAR		DEPA		ICATE OF DEATH	REG. NO.	6. 9	
		CEASED NAME FI	RST	MIDDLE		AST	20 DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
be 3			EDERICK	LEE	SC	OTT	NOVEMBER 18		1:50 A
63	3. SE		4 RACE		5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER I YE	
WAY no	de	IATE INTHPLACE (STATE ON FORE)	BLAC	OF WHAT COUNTS		BER 26, 1909	9 BALTIMORE CITY OR	YRS.	
きってすり		LARYLAND			MARRIE	D NEVER MARRIED DIVORCED XX			
er de		ITY OR TOWN OF DEATH		OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	N 12b. KINE	O OF BUSINESS OR
# # P	3	CORT HOWARD	V. A.	MEDICAL			PRISON GUAR		SON
d in	USU	AL RESIDENCE (IF NURSING I	HOA FOR OTHER INSTITU	TION GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
		IARYLAND	445,17	BALTIM		YES X NO	3201 WINDSO	R AVENUE	21219
19 200	14. F.	ATHER'S NAME FIRST	MIDDLE	ŁAST.		15. MOTHER'S MAIDEN NA	ME		LAST
CALL	I An	CHARLES WAS DECEASED EVER IN U	IS APARD FORCE	SCOT		RACHEL 17 INFORMANT	A. ADDRES	Line	
and	(YES. NO OR UNKNOWN) (#	YES, GIVE WAR OR DATE	5}					
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ws me	CERTIFICATION	United States					YES NOW	IN CERTIFYING CAUS	SES OF DEATH?
s certificate buriol-transit Mental Hygie	GER	210. ACCIDENT WAS UNDERLY	1	AE OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM TE PART I OR PART	2)
riol-t	CAL	OR CONTRIBUTING CAUS	COLDENIN	P.M.	19				
- 0,	MEDICAL	21d. INJURY OCCURRED	AOH TA1	CE OF INJURY	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
alth and morked		AT WORK AT WORK			OCTOB	ER 28 10 82	NOVEMBER	18 . 82	
Hear Is m		22a.1 certify that (1) (the saw the deceased o			00	nd that in (my) (our) opinion	, 19	. 17	_, that (I) (we) last
RECT ed fo pt. af		above, (I) (we) (did)	(did not) view the b	ady after death.		DEGREE	deam accorded on the date		TE SIGNED
etoch ee De	100	11	crang-	To The	-	ATTENDING _	MEDICAL STAFF		
VERAL be deto		220. PHYSICIAN'S NAME	(TYPE OR PRINT)	1 1/		22e ADDRESS	DIRECTOR PHYSICIA	W X III/	18/82
TO FUNERAL shauld be determined by with the State IMPORTANT:		HUANG-TA L	TN M D			W A MEDICA	L CENTER. FO	מפאשוחם הפ	את פוחבי
5 € ¥ ₹	23a	BURIAL, CREMATION, REA		2:	3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
11		BURIAL	11,	/22/82	W PM	eteran Com	Crownsvi	He	Md.
6 50M 1/81	24 F	UNERAL DIRECTOR		ADDRES		230 (1)		B REGISTRAR'S SIGN	
/RA 15, 4)	Wr	n.C.March	F/H Inc			h Avenue	1 3 1302	John do	canery

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HALLES V.S.A. HELICAL CRIESS FRICKLY STRAIN STRAIN

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BARK-IA STH, M.N. V.A. FEBICIU CALER, FORE STAND, NA 21058

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CERTIFIC	CATE OF DEATH	REG. NO	5 .		
		CEASED NAME	FIRST	MIDDLE	LAS	1		MONTH	DAY YEAR	26 HOUR
	1111	ORPRINIT	Mary	Regina	SELF		November	10. 1	982	9:15 PM
	3. SE	X	4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
П		F-	1	N	HINOM	8/9 /13 YEAR	69	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR	FOREIGN 76 CITIZE	N OF WHAT COUNTRY	? 8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
5		MP.	U	5A	WIDOWED	_	Baltimor	e Cou	inty	ME
-	10 CI	ITY OR TOWN OF DE		E OF HOSPITAL, NURS		OTHER INSTITUTION	120. USUAL OCCUPATE	ON F WORKING LI		F BUSINESS OR
1	K	OSSVILLE	F	RANKLIN	56	2.	HSWI	-	TC) II VOOSTKI	
1	13a S	AL RESIDENCE (IF NURS	13b COUNTY	TUTION GIVE RESIDENCE BEFO		3d INSIDE CITY LIMITS?	13e STREET ADDRESS	2	1221	
		MD.	BALTO	ESSE	_	YES NO NO	1 001/1	SLE	Y RO	APT. 2
2_	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		5 MOTHER'S MAIDEN NAM	ME		LAS	
O		JOHN	F. HV	PPMAR	107.8	MARY	B. ML	LLL	ER	
		VAS DECEASED EVER	IN U.S. ARMED FOR			7 INFORMANT	ADDRE	SS	2	
		NO		21832	0016	JAMES S	ELF	H	BOVE	
		18 CAUSE OF DEATH	H (Enter only one cou	ise per line for (a), (b), o	nd (c1.)			100	BETWEEN	MATE INTERVAL ONSET AND DEATH
		PARTI. DEATH W	IMMEDIATE CAUSE		enic sh	ock				
	1	4100	DUE	TO, OR AS A CONSEOL	JENCE OF					
		Conditions, if any		(b) Acute i	nferior	wall myocar	dial infarc	tion	11/5-11	
	7.11	gave rise to imr		TO, OR AS A CONSEQU	JENCE OF					
		underlying couse	lost	(c)				177.6		
		PART 2. OTHER SIGN	NIFICANT CONDITIO	NS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 110	0
	S S									
4	CAI	190. DATE OF OPERA	TION 19b. (ONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATHS
4	CERTIFICATION	4-1-1-					YES NO X		ES [NO [
7		21g. ACCIDENT WAS UNI		IME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR PART 2)	
1	MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	P.M.	19					
H	EDI	21d. INJURY OCCUR		LACE OF INJURY		211. LOCATION	CITY OR TO	WN	COUNTY	STATE
	2	WHILE NOT WE AT WO	TILE	OME STREET PACTORY, OFFICE	, PARM EIC J	31112				
		220.1 certify that (1)	(this hospital) attend	ded the deceased from Vember 10 19	Novemb	er 10 19 82	- to Novembe	r 10	19_82	that (we) lost
			ed alive an NO		0Z , and	that in (right) (our) opinion o	death accurred on the do	ite and hou	or and from the	couses stated
	-00	226. SIGNATURE	Cin	-	DI	GREE			22c. DATE	SIGNED
		0	Succession	4	K	D ATTENDING PHYSICIAN	MEDICAL STAF		11-	10-82
		22d PHYSICIAN'S N	AME (THE CHIMINE))		22e ADDRESS		7	21227	
		W	SuaR	ころ		9000 Frank	lin Square	Dr.,	21237	
	23a. B	BURIAL, CREMATION,			NAME OF CE	METERY OR CREMATORY	23d. LOCATION			
	(BURN	74 11	113/82 1	JOLLY	HILL	BALT	0	M C	STATE
		JNERAL DIRECTOR			1000	25a. DATE	E REC'D. BY REGISTRAR	REGIS	TRAR'S SIGNAL	URE
	.7	F G CON	WELLY	ADDRESS 200	n	Acre WOW	77 1082	incu	~ ~	

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CONNELLY

J. G.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the

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STATE OF MARYLAND

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